Case 17-32815-KLP Doc 1 Filed 05/31/17 Entered 05/31/17 16:13:38 Desc Main Document Page 1 of 85

| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF VIRGINIA | - | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Christopher First name David Middle name McGinnis Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years Include your married or maiden names. | C. David McGinnis | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1992 | |

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Debtor 1 Christopher David McGinnis

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|--|
| 1. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) | ☐ I have not used any business name or EINs. Business name(s) EINs |
| | | EIIVS | EINS |
| 5. | Where you live | 2113 Carindale Drive | If Debtor 2 lives at a different address: |
| | | Midlothian, VA 23112 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Chesterfield County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | P.O. Box 191 Petersburg, VA 23804 | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for | Check one: | Check one: |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

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Debtor 1 Christopher David McGinnis Case number (if known)

| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | |
|-----|---|---|----------------------------------|-------------------------------------|---|---|--|--|--|
| | choosing to file under | Chapter 7 | | | | | | | |
| | | □ с | hapter 11 | | | | | | |
| | | □ с | hapter 12 | | | | | | |
| | | □ C | hapter 13 | | | | | | |
| 8. | How you will pay the fee | • | about how yo | u may pay. Ty attorney is sub | pically, if you are paying the fee yo | k with the clerk's office in your local court for more deta urself, you may pay with cash, cashier's check, or mor alf, your attorney may pay with a credit card or check w | | | |
| | | | | | stallments. If you choose this option to (Official Form 103A). | n, sign and attach the Application for Individuals to Pa | | | |
| | | | but is not req applies to you | uired to, waive ur family size a | your fee, and may do so only if yo nd you are unable to pay the fee ir | n only if you are filing for Chapter 7. By law, a judge ma ur income is less than 150% of the official poverty line installments). If you choose this option, you must fill o ial Form 103B) and file it with your petition. | | | |
| | | | | | | | | | |
| 9. | Have you filed for bankruptcy within the last 8 years? | ■ No | | | | | | | |
| | , | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| 10. | Are any bankruptcy cases pending or being | ■ No |) | | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Ye | PS. | | | | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| 11. | Do you rent your residence? | □No | Go to I | ine 12. | | | | | |
| | 10014011001 | ■ Ye | es. Has yo | ur landlord obt | ained an eviction judgment agains | t you and do you want to stay in your residence? | | | |
| | | | | No. Go to line | 12. | | | | |
| | | | | | | Judgment Against You (Form 101A) and file it with this | | | |

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Document Page 4 of 85 Case number (if known) Debtor 1 **Christopher David McGinnis** Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor Go to Part 4. of any full- or part-time No. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate 13. Are you filing under Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed?

livestock that must be fed, or a building that needs urgent repairs?

For example, do you own perishable goods, or

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Christopher David McGinnis

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Deb | tor 1 Christopher David | l McGinni | S | Case numb | Der (if known) | | | |
|-----|--|--|---|--|---|--|--|--|
| Par | 6: Answer These Quest | ions for Re | porting Purposes | | | | | |
| 16. | What kind of debts do you have? | | | sumer debts? Consumer debts are denal, family, or household purpose." | fined in 11 U.S.C. § 101(8) as "incurred by an | | | |
| | | | ■ No. Go to line 16b. | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | |
| | | | s that you incurred to obtain siness or investment. | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | 16c. | State the type of debts you owe | e that are not consumer debts or busine | ess debts | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. | . Go to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | | I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? | | | | | |
| | administrative expenses are paid that funds will | | ■ No | | | | | |
| | be available for distribution to unsecured creditors? | | □ Yes | | | | | |
| 18. | How many Creditors do you estimate that you owe? | □ 1-49 | | 1 ,000-5,000 | ☐ 25,001-50,000 | | | |
| | | 50-99 | | ☐ 5001-10,000 | ☐ 50,001-100,000 | | | |
| | | ☐ 100-19 ☐ 200-99 | | □ 10,001-25,000 | ☐ More than100,000 | | | |
| 19. | How much do you | □ \$0 - \$5 | 0,000 | ☐ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | | |
| | estimate your assets to be worth? | | 1 - \$100,000 | \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion | | | |
| | | . , | 01 - \$500,000 01 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion | | | |
| 20. | How much do you | □ \$0 - \$5 | • | ■ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | | |
| | estimate your liabilities to be? | | 01 - \$100,000 01 - \$500,000 | □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion | | | | |
| | | | 01 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | | |
| Par | 7: Sign Below | | | | | | | |
| For | you | I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. | | | | | | |
| | | | | am aware that I may proceed, if eligible ef available under each chapter, and I defined as a light expension of the control of | e, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7. | | | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | | |
| | | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | | |
| | | | y case can result in fines up to | | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519, | | | |
| | | Christop | topher David McGinnis her David McGinnis of Debtor 1 | Signature of Debt | or 2 | | | |
| | | Executed | on May 31, 2017 MM / DD / YYYY | Executed on M | M / DD / YYYY | | | |

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Debtor 1 Christopher David McGinnis Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Hunter R. Wells | Date | May 31, 2017 |
|--|---------------|-------------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Hunter R. Wells | | |
| Canfield, Baer & Heller, LLP | | |
| 2201 Libbie Avenue Richmond, VA 23230 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (804) 673-6600 | Email address | hwells@canfieldbaer.com |
| 82791 | | |
| Bar number & State | | |

| | ase 17-32815-KLP | Doc 1 Filed 0 | | 5/31/17 16:13:38 | Desc Main |
|---------------------------------|-----------------------------|-----------------------------|---|---------------------------|--------------------------------------|
| Fill in this in | nformation to identify your | case: | | | |
| Debtor 1 | Christopher Dav | | | | |
| Dahtano | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United State | s Bankruptcy Court for the: | EASTERN DISTRICT C | PF VIRGINIA | | |
| Case number | er | | |] | ☐ Check if this is an amended filing |
| | Form 106Sum | | | | |
| Summar | y of Your Assets | and Liabilities ar | nd Certain Statistic | ai information | 12/15 |
| information. | Fill out all of your schedu | les first; then complete th | e are filing together, both are ne information on this form. k the box at the top of this p | If you are filing amended | |
| Part 1: Su | ummarize Your Assets | | | | |

Your assets Value of what you own Schedule A/B: Property (Official Form 106A/B) 200,000.00 1a. Copy line 55, Total real estate, from Schedule A/B..... 1b. Copy line 62, Total personal property, from Schedule A/B..... 21,127.00 1c. Copy line 63, Total of all property on Schedule A/B..... 221,127.00 Part 2: Summarize Your Liabilities Your liabilities Amount you owe Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 200.448.00 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D... Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 746,538.52 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F..... 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F..... 2,649,130.84 Your total liabilities \$ 3,596,117.36 Part 3: Summarize Your Income and Expenses Schedule I: Your Income (Official Form 106I) 12,500.00 Copy your combined monthly income from line 12 of Schedule I..... Schedule J: Your Expenses (Official Form 106J) 15,144.00 Copy your monthly expenses from line 22c of Schedule J..... Part 4: Answer These Questions for Administrative and Statistical Records Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. Yes What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

the court with your other schedules.

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Debtor 1 Christopher David McGinnis

Case number (if known)

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14. | \$ |
|----|--|----|
| | | |

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total | claim |
|--|-------|------------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 746,538.52 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 746,538.52 |

| Case 17-32815-KLP | Doc 1 | c 1 Filed 05/31/17 | | Entered 05/31/17 16:13:38 | Desc Mair | |
|-------------------|-------|--------------------|----|---------------------------|-----------|--|
| | | Document | Pa | ge 10 of 85 | | |

| | | | Doci | ument | Page 10 of 85 | | | |
|------------------------------|-----------------------------|------------------------------------|--------------------|-------------------------------|---|--|-------------|--|
| Fill in | this inforn | mation to identify your cas | e and this filing |): | | | | |
| Debto | r 1 | Christopher David N | IcGinnis | | | | | |
| | | First Name | Middle Name | | Last Name | | | |
| Debto (Spouse | r 2 e, if filing) | First Name | Middle Name | | Last Name | | | |
| United | l States Ba | nkruptcy Court for the: EA | STERN DISTRI | CT OF VIRG | SINIA | | | |
| Case | number | | | | | | | ☐ Check if this is an |
| - Ouse i | | | | | _ | | | amended filing |
| | | | | | | | | |
| Offic | cial Fo | rm 106A/B | | | | | | |
| Sch | nedul | e A/B: Prope | rty | | | | | 12/15 |
| informa Answer Part 1: | tion. If more every ques | e space is needed, attach a se | parate sheet to th | is form. On t | | | | |
| ПΝ | o. Go to Part | t 2. | | | | | | |
| ■ Y | es. Where is | s the property? | | | | | | |
| 1.1 | | | What | is the proper | ty? Check all that apply | | | |
| | 950 Lillys | s Neck Road | VVIIat | Single-family | | Do not deduct s | secured cla | aims or exemptions. Put |
| | | if available, or other description | | | ulti-unit building | the amount of a | any secure | d claims on Schedule D: ms Secured by Property. |
| | | | | Condominiu | m or cooperative | | | .,., |
| | | | | Manufacture | ed or mobile home | | | • |
| N | <i>l</i> loon | VA 23119- | 0000 | Land | | Current value entire property | | Current value of the portion you own? |
| С | ity | State ZIP 0 | = | Investment p | property | \$200,0 | 00.00 | \$200,000.00 |
| | | | □ □ Who | Timeshare Other has an intere | st in the property? Check one | | imple, ten | our ownership interest ancy by the entireties, or |
| | | | | Debtor 1 onl | • | Fee Simple | | |
| _ | Mathews County | | 📙 | Debtor 2 onl | | | | |
| Ü | .ou.i.y | | | | d Debtor 2 only of the debtors and another | ☐ Check if the contract (see instruct) | | nmunity property |
| | | | Other | information | you wish to add about this iten | • | , | |
| | | | | = | tion number: | | | |
| | | | Und | eveloped I | Lot | | | |
| | | | | | | | | |
| | | | | | from Part 1, including any | | _ | \$200,000.00 |
| Part 2: | Describe ' | Your Vehicles | | | | | | |
| | | | | | whether they are registere Executory Contracts and Une | | de any ve | ehicles you own that |
| 3. Car | s, vans, trı | ucks, tractors, sport utility | vehicles, moto | rcycles | | | | |
| ■ N | | | | | | | | |
| \square Y | es | | | | | | | |

Official Form 106A/B Schedule A/B: Property page 1

| Dalata | Document | Page 1 | | (15.1 | |
|-------------------------------|--|------------------|----------------------------|-----------------|---|
| Debtor | 1 Christopher David McGinnis | | _ Case numbe | er (if known) _ | |
| | ercraft, aircraft, motor homes, ATVs and other recreational values: Boats, trailers, motors, personal watercraft, fishing vessels | | | | |
| ■ No | | | | | |
| □Ye | es | | | | |
| | | | | | |
| | the dollar value of the portion you own for all of your entries you have attached for Part 2. Write that number here | | | | \$0.00 |
| Part 3: | Describe Your Personal and Household Items | | | | |
| | own or have any legal or equitable interest in any of the fol | llowing items? |) | | Current value of the |
| | | J | | | portion you own? Do not deduct secured claims or exemptions. |
| Exai ■ N | sehold goods and furnishings mples: Major appliances, furniture, linens, china, kitchenware o es. Describe | | | | |
| 7. Elect | | | | | |
| Exai ■ N | mples: Televisions and radios; audio, video, stereo, and digital e including cell phones, cameras, media players, games o | equipment; com | puters, printers, scanne | ers; music coll | lections; electronic devices |
| ΠY | es. Describe | | | | |
| | ectibles of value mples: Antiques and figurines; paintings, prints, or other artwork, other collections, memorabilia, collectibles o | ; books, picture | s, or other art objects; s | stamp, coin, o | r baseball card collections; |
| Y | es. Describe | | | | |
| | [| | | \neg | #50.00 |
| | Family Pictures | | | | \$50.00 |
| Exal ■ N □ Y 10. Fire Exa | es. Describe earms amples: Pistols, rifles, shotguns, ammunition, and related equipr | | ool tables, golf clubs, sk | is; canoes an | d kayaks; carpentry tools; |
| | | | | | |
| | 9mm handgun | | | | \$150.00 |
| □N | amples: Everyday clothes, furs, leather coats, designer wear, sh o es. Describe | oes, accessorio | es | | |
| | Clothing | | | | \$300.00 |
| ■ N | amples: Everyday jewelry, costume jewelry, engagement rings, v | wedding rings, | heirloom jewelry, watch | es, gems, gol | d, silver |

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Case 17-32815-KLP Doc 1 Filed 05/31/17 Entered 05/31/17 16:13:38 Page 12 of 85 Document Case number (if known) Debtor 1 **Christopher David McGinnis** 13 Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No \square Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$500.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No \$2,000.00 Cash 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ■ No Institution name: ☐ Yes..... 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company

Schedule A/B: Property

Institution name or individual:

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

☐ Yes.

Official Form 106A/B

page 3

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32. Any interest in property that is due you from someone who has died

Federated Insurance

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

Nadine A. McGinnis

■ No

☐ Yes. Give specific information..

\$625.00

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Any Interest in property that the Debtor acquires or becomes entitled to acquire within 180 days of the filing of his/her petition in bankruptcy by bequest, devise or inheritance as a result of a property settlement agreement or of a divorce decree; or as beneficiary of a life insurance policy or of a death benefit plan.

\$1.00

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$1.00

Official Form 106A/B Schedule A/B: Property page 5

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Christopher David McGinnis Case number (if known)

| | Document | . raye 13 or o | 03 | |
|------|--|----------------|------------------------------|--------------|
| Deb | otor 1 Christopher David McGinnis | | Case number (if known) | |
| Part | 8: List the Totals of Each Part of this Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | \$200,000.00 |
| 56. | Part 2: Total vehicles, line 5 | \$0.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$500.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$20,626.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | + \$1.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$21,127.00 | Copy personal property total | \$21,127.00 |
| 63. | Total of all property on Schedule A/B. Add line 55 + line 62 | | | \$221,127.00 |

Official Form 106A/B Schedule A/B: Property page 6

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| Fill in this infor | | | | | |
|---|------------------|--------------------|------------|--|---------------------|
| Debtor 1 | Christopher Davi | d McGinnis | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | EASTERN DISTRICT O | F VIRGINIA | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an |
| | | | | | amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption | |
|---|---|---|---|------------------------------------|--|
| | Copy the value from Schedule A/B | Chec | ck only one box for each exemption. | | |
| 1950 Lillys Neck Road Moon, VA 23119 Mathews County | \$200,000.00 | | \$1.00 | Va. Code Ann. § 34-4 | |
| Undeveloped Lot Line from Schedule A/B: 1.1 | | 100% of fair market value, up to any applicable statutory limit | | | |
| Family Pictures Line from Schedule A/B: 8.1 | \$50.00 | | \$50.00 | Va. Code Ann. § 34-26(2) | |
| Life from Schedule AVD. 0.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| 9mm handgun Line from Schedule A/B: 10.1 | \$150.00 | | \$150.00 | Va. Code Ann. § 34-26(4b) | |
| Ellie Holli Schedule PAB. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Clothing Line from Schedule A/B: 11.1 | \$300.00 | | \$300.00 | Va. Code Ann. § 34-26(4) | |
| Life from Schedule AVB. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| Cash Line from Schedule A/B: 16.1 | \$2,000.00 | | \$2,000.00 | Va. Code Ann. § 34-4 | |
| Line Hom Schedule A/D. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | | |

Case 17-32815-KLP Doc 1 Filed 05/31/17 Entered 05/31/17 16:13:38 Desc Main Document Page 17 of 85 Christopher David McGinnis Case number (if known)

| enter 1 Christopher David McGinnis | | | Case number (if known) | |
|---|--------------------------------------|-----------------|---|------------------------------------|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | portion you own | | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Cne | ck only one box for each exemption. | |
| Federal and State Income Tax Refunds | \$1.00 | | \$1.00 | Va. Code Ann. § 34-4 |
| Line from Schedule A/B: 28.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Federated Insurance Beneficiary: Nadine A. McGinnis | \$625.00 | | \$625.00 | Va. Code Ann. § 38.2-3122 |
| Line from Schedule A/B: 31.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Garnished Wages Line from Schedule A/B: 35.1 | \$18,000.00 | | \$3,497.00 | Va. Code Ann. § 34-4 |
| Line from Schedule A/B. 30.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Any Interest in property that the Debtor acquires or becomes entitled | \$1.00 | | \$1.00 | Va. Code Ann. § 34-4 |
| to acquire within 180 days of the filing of his/her petition in bankruptcy by bequest, devise or inheritance as a result of a property settlement agreement or of a divorce decree; or as | | | 100% of fair market value, up to any applicable statutory limit | |
| Line from Schedule A/B: 53.1 | | | | |
| Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every 3 | | | led on or after the date of adjustmen | nt.) |
| ☐ Yes. Did you acquire the property covere | ed by the exemption wi | ithin 1 | ,215 days before you filed this case | ? |
| | | | | |

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| | Document Page 1 | 0 01 03 | | |
|---|---|-----------------------|--|-----------------------------|
| Fill in this information to identify you | ur case: | | | |
| Debtor 1 Christopher Da | vid McGinnis Middle Name Last Name | | - | |
| Debtor 2 | | | | |
| (Spouse if, filing) First Name | Middle Name Last Name | | - | |
| United States Bankruptcy Court for the | EASTERN DISTRICT OF VIRGINIA | | - | |
| Case number | | | | if this is an ded filing |
| Official Form 106D | | | | |
| Schedule D: Creditors | Who Have Claims Secure | ed by Propert | У | 12/15 |
| | If two married people are filing together, both are out, number the entries, and attach it to this form. | | | |
| 1. Do any creditors have claims secured b | y your property? | | | |
| ☐ No. Check this box and submit t | his form to the court with your other schedules. | You have nothing else | to report on this form. | |
| Yes. Fill in all of the information | below. | | | |
| Part 1: List All Secured Claims | 50.0W. | | | |
| | | , Column A | Column B | Column C |
| | more than one secured claim, list the creditor separate s a particular claim, list the other creditors in Part 2. As ical order according to the creditor's name. | | Value of collateral that supports this claim | Unsecured portion If any |
| 2.1 Chesapeake Bank | Describe the property that secures the claim: | \$196,000.00 | \$200,000.00 | \$0.00 |
| Creditor's Name | 1950 Lillys Neck Road Moon, VA 23119 Mathews County Undeveloped Lot | | | |
| P.O. Box 1419 Kilmarnock, VA 22482 | As of the date you file, the claim is: Check all that apply. Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | ☐ An agreement you made (such as mortgage or s car loan) | secured | | |
| Debtor 2 only | - Car Idail) | | | |
| Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt | ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) | | | |
| Date debt was incurred | Last 4 digits of account number N/A | | | |
| 2.2 Mathews County | Describe the property that secures the claim: | \$4,448.00 | \$200,000.00 | \$448.00 |
| Creditor's Name | 1950 Lillys Neck Road Moon, VA | <u> </u> | Ψ200,000.00 | Ψ-1-0.00 |
| | 23119 Mathews County | | | |
| P.O. Box 305 | Undeveloped Lot | | | |
| Richmond, VA | As of the date you file, the claim is: Check all that apply. | | | |
| 23234-1606 | ☐ Contingent | | | |
| Number, Street, City, State & Zip Code | ☐ Unliquidated | | | |
| | ☐ Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| ■ Debtor 1 only □ Debtor 2 only | ☐ An agreement you made (such as mortgage or s car loan) | ecured | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Statutory lien (such as tax lien, mechanic's lien) | | | |
| ☐ At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | | |
| Date debt was incurred | Last 4 digits of account number 713E | 3 | | |

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| Debtor 1 | Christopher David McGinnis | | | Case number (if know) | |
|----------|----------------------------------|------------------------------|------------------------------------|-----------------------|----|
| | First Name | Middle Name | Last Name | | |
| | | | | | |
| Add the | dollar value of yo | our entries in Column A on t | this page. Write that number here: | \$200,448.0 | 00 |
| | the last page of at number here: | your form, add the dollar va | lue totals from all pages. | \$200,448.0 | 00 |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | | | Document Pa | ge 20 of 8 | ວວ | | |
|----------------------|--|---|--|--|--|--|---|
| | in this informa | tion to identify your c | ase: | | | | |
| Del | otor 1 | Christopher David | McGinnis | | | | |
| | | First Name | | Name | | | |
| | otor 2 | First Name | Middle Norse | Mana | | | |
| (Spc | use if, filing) | First Name | Middle Name Last | Name | | | |
| Uni | ted States Bank | ruptcy Court for the: | EASTERN DISTRICT OF VIRGINIA | | _ | | |
| Cas | se number | | | | | | |
| | own) | | | | | ☐ Check | if this is an |
| | | | | | | amend | ed filing |
| Դfi | icial Form | 106E/E | | | | | |
| | | | ho Have Unsecured Cla | ime | | | 12/15 |
| | | | Part 1 for creditors with PRIORITY clair | | or creditors with NON | DDIODITY claims I i | |
| Sche Sche eft. | edule G: Executor edule D: Creditors | ry Contracts and Unexpi s Who Have Claims Secu nuation Page to this page | that could result in a claim. Also list exe red Leases (Official Form 106G). Do not ired by Property. If more space is neede e. If you have no information to report in | include any cre d, copy the Par | editors with partially s t you need, fill it out, i | ecured claims that a number the entries in | re listed in the boxes on the |
| Pai | t 1: List All o | of Your PRIORITY Uns | secured Claims | | | | |
| 1. | Do any creditors | have priority unsecured | l claims against you? | | | | |
| | ☐ No. Go to Part | 2. | | | | | |
| | | | | | | | |
| | Yes. | | | | | | |
| 2. | List all of your pridentify what type possible, list the c | of claim it is. If a claim has laims in alphabetical order | . If a creditor has more than one priority uns s both priority and nonpriority amounts, list r according to the creditor's name. If you ha ticular claim, list the other creditors in Part | that claim here a ive more than tw | and show both priority a | nd nonpriority amoun | ts. As much as |
| 2. | List all of your pridentify what type possible, list the c Part 1. If more that | of claim it is. If a claim has claims in alphabetical order an one creditor holds a par | s both priority and nonpriority amounts, list raccording to the creditor's name. If you ha | that claim here a live more than tw 3. | and show both priority a | nd nonpriority amoun | ts. As much as |
| | List all of your pi identify what type possible, list the c Part 1. If more tha (For an explanation | of claim it is. If a claim has laims in alphabetical order in one creditor holds a par on of each type of claim, se chmond | s both priority and nonpriority amounts, list r according to the creditor's name. If you ha ticular claim, list the other creditors in Part | that claim here a tive more than tw 3. ction booklet.) | and show both priority a o priority unsecured cla | nd nonpriority amoun aims, fill out the Conti | ts. As much as nuation Page of Nonpriority |
| | List all of your pridentify what type possible, list the c Part 1. If more that (For an explanation) | of claim it is. If a claim has laims in alphabetical order in one creditor holds a par on of each type of claim, se chmond | s both priority and nonpriority amounts, list r according to the creditor's name. If you ha ticular claim, list the other creditors in Part ee the instructions for this form in the instru | that claim here a live more than two 3. ction booklet.) | Total claim \$330,630.2 | nd nonpriority amountains, fill out the Continues, fil | s. As much as nuation Page of Nonpriority amount |
| | List all of your pridentify what type possible, list the c Part 1. If more that (For an explanation of the Priority Credit PO Box 2 | of claim it is. If a claim has claims in alphabetical order in one creditor holds a par on of each type of claim, so chmond tor's Name | s both priority and nonpriority amounts, list r according to the creditor's name. If you ha ticular claim, list the other creditors in Part ee the instructions for this form in the instru | that claim here a live more than two 3. ction booklet.) here 1294 more tl | and show both priority a no priority unsecured class Total claim \$330,630.2 | nd nonpriority amountains, fill out the Continues, fil | s. As much as nuation Page of Nonpriority amount |
| | List all of your pridentify what type possible, list the c Part 1. If more that (For an explanation of the Priority Credit PO Box 2 Richmond | of claim it is. If a claim has claims in alphabetical order in one creditor holds a part on of each type of claim, so chmond tor's Name | s both priority and nonpriority amounts, list r according to the creditor's name. If you hat ticular claim, list the other creditors in Part ee the instructions for this form in the instru | that claim here a live more than two 3. ction booklet.) mber 1294 more tlagge | Total claim \$330,630.2 6 nan 6 months | nd nonpriority amountains, fill out the Continues, fil | s. As much as nuation Page of Nonpriority amount |
| | List all of your pridentify what type possible, list the c Part 1. If more that (For an explanation of the Priority Credit PO Box 2: Richmond Number Street | of claim it is. If a claim has claims in alphabetical order in one creditor holds a par on of each type of claim, so chmond tor's Name 6505 d, VA 23261 | s both priority and nonpriority amounts, list r according to the creditor's name. If you hat ticular claim, list the other creditors in Part ee the instructions for this form in the instru Last 4 digits of account num | that claim here a live more than two 3. ction booklet.) mber 1294 more tlagge | Total claim \$330,630.2 6 nan 6 months | nd nonpriority amountains, fill out the Continues, fil | s. As much as nuation Page of Nonpriority amount |
| | List all of your pridentify what type possible, list the c Part 1. If more that (For an explanation of the Priority Credit PO Box 2: Richmond Number Street | of claim it is. If a claim has claims in alphabetical order in one creditor holds a par on of each type of claim, so chmond tor's Name 6505 d, VA 23261 et City State ZIp Code the debt? Check one. | s both priority and nonpriority amounts, list r according to the creditor's name. If you ha ticular claim, list the other creditors in Part ee the instructions for this form in the instru Last 4 digits of account num When was the debt incurred As of the date you file, the c | that claim here a live more than two 3. ction booklet.) mber 1294 more tlagge | Total claim \$330,630.2 6 nan 6 months | nd nonpriority amountains, fill out the Continues, fil | s. As much as nuation Page of Nonpriority amount |
| | List all of your pridentify what type possible, list the c Part 1. If more that (For an explanation of the Priority Credit PO Box 2: Richmond Number Street Who incurred the possible of the priority Credit PO Box 2: Richmond Number Street Who incurred the possible of the priority Credit PO Box 2: Richmond Number Street Who incurred the possible of the priority Credit PO Box 2: Richmond Number Street Who incurred the possible of the priority Credit PO Box 2: Richmond Number Street Possible O Box 2: Richmond Number Street Poss | of claim it is. If a claim has laims in alphabetical order in one creditor holds a part on of each type of claim, so chmond tor's Name 6505 d, VA 23261 et City State Zlp Code the debt? Check one. | s both priority and nonpriority amounts, list r according to the creditor's name. If you hat ticular claim, list the other creditors in Part ee the instructions for this form in the instru Last 4 digits of account num When was the debt incurred As of the date you file, the c | that claim here a live more than two 3. ction booklet.) mber 1294 more tlagge | Total claim \$330,630.2 6 nan 6 months | nd nonpriority amountains, fill out the Continues, fil | s. As much as nuation Page of Nonpriority amount |
| | List all of your pridentify what type possible, list the c Part 1. If more that (For an explanation of the Possible Priority Credit Possible Possib | of claim it is. If a claim has laims in alphabetical order in one creditor holds a par on of each type of claim, so chmond tor's Name 6505 d, VA 23261 et City State Zlp Code the debt? Check one. | s both priority and nonpriority amounts, list r according to the creditor's name. If you hat ticular claim, list the other creditors in Part ee the instructions for this form in the instru Last 4 digits of account num When was the debt incurred As of the date you file, the complete the c | that claim here a live more than two. ction booklet.) here 1294 more that ago laim is: Check a | Total claim \$330,630.2 6 nan 6 months | nd nonpriority amountains, fill out the Continues, fil | s. As much as nuation Page of Nonpriority amount |
| | List all of your pridentify what type possible, list the c Part 1. If more that (For an explanation of the Priority Credit Po Box 2 Richmone Number Street Who incurred the Debtor 1 only Debtor 2 only Debtor 1 and | of claim it is. If a claim has laims in alphabetical order in one creditor holds a par on of each type of claim, so chmond tor's Name 6505 d, VA 23261 et City State Zlp Code the debt? Check one. | South priority and nonpriority amounts, list or according to the creditor's name. If you has ticular claim, list the other creditors in Part on the instructions for this form in the instruction for this form in the instruction for the instruction f | that claim here a live more than two and the second | Total claim \$330,630.2 6 nan 6 months | nd nonpriority amountains, fill out the Continues, fil | s. As much as nuation Page of Nonpriority amount |
| | List all of your pridentify what type possible, list the center of the c | of claim it is. If a claim has claims in alphabetical order in one creditor holds a par on of each type of claim, so chmond tror's Name 6505 d, VA 23261 et City State Zip Code the debt? Check one. | s both priority and nonpriority amounts, list raccording to the creditor's name. If you hat ticular claim, list the other creditors in Part ee the instructions for this form in the instruction for the instruction f | that claim here a live more than two. ction booklet.) here 1294 more tlago laim is: Check and delaim: | Total claim \$330,630.2 6 nan 6 months all that apply | nd nonpriority amountains, fill out the Continues, fil | s. As much as nuation Page of Nonpriority amount |
| | List all of your pridentify what type possible, list the center of the c | of claim it is. If a claim has laims in alphabetical order in one creditor holds a part on of each type of claim, so chmond tor's Name 6505 d, VA 23261 et City State Zlp Code the debt? Check one. | Sobth priority and nonpriority amounts, list recording to the creditor's name. If you hat ticular claim, list the other creditors in Part ee the instructions for this form in the instruction for this form in the instruction for the in | that claim here a live more than two. attention booklet.) The ago I ago I aim is: Check and the claim: I ago I alim is: which is the claim is the control of the claim is the claim i | Total claim \$330,630.2 6 nan 6 months all that apply | nd nonpriority amountains, fill out the Continues, fil | s. As much as nuation Page of Nonpriority amount |
| 2.1 | List all of your pridentify what type possible, list the center of the c | of claim it is. If a claim has laims in alphabetical order in one creditor holds a part on of each type of claim, so chmond tor's Name 6505 d, VA 23261 et City State Zlp Code the debt? Check one. | Sobth priority and nonpriority amounts, list raccording to the creditor's name. If you has ticular claim, list the other creditors in Part see the instructions for this form in the instructions for the debt incurred. Last 4 digits of account numbers of the date you file, the contingent Unliquidated Disputed Type of PRIORITY unsecure Domestic support obligations ity debt Taxes and certain other decirity debt Claims for death or person Other. Specify | that claim here a live more than two. attention booklet.) The ago I ago I aim is: Check and the claim: I ago I alim is: which is the claim is the control of the claim is the claim i | Total claim \$330,630.2 6 nan 6 months all that apply | nd nonpriority amountains, fill out the Continues, fil | s. As much as nuation Page of Nonpriority amount |

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| Debt | or 1 Christopher David McGinnis | | Case n | umber (if know) | | |
|------|--|------------------------------------|---------------|------------------|--------|--------------|
| 2.2 | Commonwealth of Virginia | Last 4 digits of account number | 5834 | \$82,766.08 | \$0.00 | \$82,766.08 |
| | Priority Creditor's Name Department of Taxation PO Box 2369 Richmond, VA 23218 | When was the debt incurred? | more tha | an 6 months | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all | that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | Debtor 1 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 2 only | ☐ Disputed | | | | |
| | Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured cla | nim: | | | |
| | ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | | |
| | ☐ Check if this claim is for a community debt | Taxes and certain other debts y | ou owe the g | government | | |
| | Is the claim subject to offset? | ☐ Claims for death or personal inj | ury while you | were intoxicated | | |
| | ■ No | Other. Specify | | | | |
| | Yes | income tax | ces | | | |
| 2.3 | Commonwealth of Virginia Priority Creditor's Name | Last 4 digits of account number | 3441 | \$37,444.49 | \$0.00 | \$37,444.49 |
| | PO Box 2369 Richmond, VA 23218 | When was the debt incurred? | more tha | an 6 months | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all | that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | Debtor 1 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 2 only | ☐ Disputed | | | | |
| | Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured cla | aim: | | | |
| | ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | | |
| | ☐ Check if this claim is for a community debt | Taxes and certain other debts y | ou owe the g | government | | |
| | Is the claim subject to offset? | Claims for death or personal inj | ury while you | were intoxicated | | |
| | ■ No | Other. Specify | | | | |
| | Yes | business of | lebt | | | |
| 2.4 | Department of the Treasury Priority Creditor's Name | Last 4 digits of account number | 7304 | \$278,049.5 7 | \$0.00 | \$278,049.57 |
| | Internal Revenue Services PO Box 145566 Cincinnati, OH 45250 | When was the debt incurred? | more that | an 6 months | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all | that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | Debtor 1 only | ☐ Unliquidated | | | | |
| | Debtor 2 only | ☐ Disputed | | | | |
| | Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured cla | aim: | | | |
| | ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | | |
| | ☐ Check if this claim is for a community debt | ■ Taxes and certain other debts y | ou owe the g | government | | |
| | ls the claim subject to offset? | ☐ Claims for death or personal inj | ury while you | were intoxicated | | |
| | ■ No | Other. Specify | | | | |
| | □Yes | taxes | | | | |

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| De | Christopher David McGinnis | | Case nu | imber (if know) | | |
|-----|---|---|---------------|-----------------------------|--------------------|-------------|
| 2.5 | Department of Treasury Priority Creditor's Name | Last 4 digits of account number | 1232 | \$17,648.12 | \$0.00 | \$17,648.12 |
| | Internal Revenue Services Cincinnati, OH 45999-0039 | When was the debt incurred? | more tha ago | n 6 months | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all | that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | ■ Debtor 1 only | ☐ Unliquidated | | | | |
| | Debtor 2 only | ☐ Disputed | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured cla | im: | | | |
| | ☐ At least one of the debtors and another | ☐ Domestic support obligations | | | | |
| | ☐ Check if this claim is for a community debt | ■ Taxes and certain other debts y | ou owe the go | overnment | | |
| | Is the claim subject to offset? | ☐ Claims for death or personal inj | ury while you | were intoxicated | | |
| | ■ No | Other. Specify | | | | |
| | Yes | business of | lebt | | | |
| 2.6 | | Last 4 digits of account number | N/A | \$0.00 | \$0.00 | \$0.00 |
| | Priority Creditor's Name 5220 Wheat Ridge Place Glen Allen, VA 23059 | When was the debt incurred? | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all | that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | ■ Debtor 1 only | ☐ Unliquidated | | | | |
| | Debtor 2 only | ☐ Disputed | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured cla | im: | | | |
| | ☐ At least one of the debtors and another | ■ Domestic support obligations | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Taxes and certain other debts y☐ Claims for death or personal inj | _ | | | |
| | ■ No | Other. Specify | | | | |
| | Yes | Spousal & | Child Sup | port - Debtor is Cu | ırrent | |
| Pa | tt 2: List All of Your NONPRIORITY Unsecu | red Claims | | | | |
| 3. | Do any creditors have nonpriority unsecured claims | s against you? | | | | |
| | $\hfill\square$ No. You have nothing to report in this part. Submit t | this form to the court with your other | schedules. | | | |
| | ■ Yes. | | | | | |
| 4. | List all of your nonpriority unsecured claims in the | alphabetical order of the creditor | who holds ea | ch claim. If a creditor has | s more than one no | npriority |

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

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| tor 1 Christopher David McGinnis | Case number (if know) | |
|--|---|-------------|
| Adams, Jenkins & Cheatham | Last 4 digits of account number 7173 | \$5,392.89 |
| Nonpriority Creditor's Name 231 Wylderose Drive Midlothian, VA 23113 | When was the debt incurred? more than 6 months ago | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | , | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify business debt | |
| Aital Recovery Serv | Last 4 digits of account number 4678 | \$12,992.02 |
| Nonpriority Creditor's Name PO Box 923747 Norcross. GA 30010 | When was the debt incurred? more than 6 months ago | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | , | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not | |
| No | report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | | |
| Yes | ■ Other. Specify vehicle | |
| Aldous & Associates Nonpriority Creditor's Name | Last 4 digits of account number 7515 | \$1,614.51 |
| P O Box 171374 Salt Lake City, UT 84117 | When was the debt incurred? more than 6 months ago | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| ☐ Yes | Other. Specify gym/entertainment | |
| □ 162 | Other Specify gym/cmchanillem | |

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Christopher David McGinnis

| Christopher David McGinnis | | Case number (if know) | | |
|---|---|--|--|--|
| Ally | Last 4 digits of account number | 6918 | \$6,541.44 | |
| PO Box 78369 | When was the debt incurred? | more than 6 months | · | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| Yes | Other. Specify business d | ebt | | |
| American Boiler Inspection Ser | Last 4 digits of account number | 8203 | \$160.00 | |
| 12800 Saddlerseat Place | When was the debt incurred? | more than 6 months ago | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| Yes | Other. Specify business d | ebt | | |
| American Express | Last 4 digits of account number | 1400 | \$19,002.48 | |
| 948 Clopper Road | When was the debt incurred? | more than 6 months ago | | |
| Gaithersburg, MD 20878 Number Street City State Zlp Code Who incurred the debt? Chack one | As of the date you file, the claim | is: Check all that apply | | |
| _ | O continuent | | | |
| | | | | |
| | | | | |
| * | · · | d claim: | | |
| _ | Student loans | | | |
| debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | |
| □Yes | ■ Other, Specify business d | ebt | | |
| | Ally Nonpriority Creditor's Name PO Box 78369 Phoenix, AZ 85062 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes American Boiler Inspection Ser Nonpriority Creditor's Name 12800 Saddlerseat Place Henrico, VA 23233 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes American Express Nonpriority Creditor's Name 948 Clopper Road 2nd floor Gaithersburg, MD 20878 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Check if this claim is for a community debt Is the claim subject to offset? Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Is the claim subject to offset? No | Nonpriority Creditor's Name PO Box 78369 Phoenix, AZ 85062 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Contingent □ Unliquidated □ Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Check if this claim is for a community debt Student loans □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Student loans □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Contingent □ Unliquidated Disputed Disputed Disputed Debtor 2 only □ Debtor 3 only □ Debtor 4 only □ Debtor 5 only □ Debtor 5 only □ Debtor 6 only □ Debtor 8 only □ Debtor 9 only □ Debtor 9 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Deb | Last 4 digits of account number More than 6 months | |

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| Christopher David McGinnis | Case number (if know) | |
|---|---|-------------|
| AR Resources, Inc | Last 4 digits of account number 5322 | \$178.18 |
| Nonpriority Creditor's Name PO Box 1056 | When was the debt incurred? more than 6 months ago | |
| Blue Bell, PA 19422 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | As of the date you me, the damins. Oneck all that apply | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did r report as priority claims | not |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify medical | |
| ARC | Last 4 digits of account number 2012 | \$2,281.62 |
| Nonpriority Creditor's Name PO Box 5378 | When was the debt incurred? more than 6 months ago | |
| Philadelphia, PA 19142 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | , | |
| Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Dobligations arising out of a separation agreement or divorce that you did report as priority claims | not |
| No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify business debt | |
| ARS | Last 4 digits of account number 6875 | \$20,368.56 |
| Nonpriority Creditor's Name PO Box 469046 | When was the debt incurred? more than 6 months ago | |
| Escondido, CA 90246 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did r report as priority claims | not |
| No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify credit card | |
| □ 155 | Uther Specify Cicuit Card | |

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Christopher David McGinnis

| Debloi | Christopher David McGinnis | | Case number (if know) | |
|--------|--|--|---|------------|
| 4.1 | Avis Rental Car | Last 4 digits of account number | N/A | Unknown |
| | Nonpriority Creditor's Name 4202 W. Broad Street | When was the debt incurred? | 2017 | |
| | Richmond, VA 23230 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | Student loans | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify personal de | ebt | |
| 4.1 | Bank of America Nonpriority Creditor's Name | Last 4 digits of account number | 4131 | \$0.00 |
| | 7322 Southwest Freeway Houston, TX 77017-4000 | When was the debt incurred? | more than 6 months ago | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify business d | ebt | |
| 4.1 | Bank of America | Last 4 digits of account number | 4920 | \$2,258.69 |
| | Nonpriority Creditor's Name 7322 Southwest Freeway Suite 1600 Houston, TX 77017-4000 | When was the debt incurred? | more than 6 months ago | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharing | | |
| | ■ NO | Debts to perision of profit-shall | | |

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Christopher David McGinnis

| Debio | Christopher David McGinnis | | Case number (if know) | |
|-------|--|---|---|---|
| 4.1 | Capital One | Last 4 digits of account number | 8565 | \$200,000.00 |
| | Nonpriority Creditor's Name | | mare then 6 menths ago | |
| | PO Box 21887 Saint Paul, MN 55121 | when was the debt incurred? | more than 6 months ago | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify home loan | | |
| 4.1 | Canital One Equipoent Fin | | 2130 | \$0.00 |
| 4 | Capital One Equipemnt Fin Nonpriority Creditor's Name | Last 4 digits of account number | | \$0.00 |
| | 329 Prince George St | When was the debt incurred? | more than 6 months ago | |
| | Laurel, MD 20707 | _ | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | \square Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | | aration agreement or divorce that you did not | |
| | <u> </u> | report as priority claims Debts to pension or profit-sharing | a plane, and other similar debts | |
| | ■ No | | | |
| | Yes | Other. Specify business d | ept closed | |
| 4.1 | Capital Solution Bancorp,LLC | Last 4 digits of account number | 0604 | \$151,560.43 |
| 5 | Nonpriority Creditor's Name | | | *************************************** |
| | 10451 Mill /run Cir. #1000 Owings Mills, MD 21117 | When was the debt incurred? | more than 6 months | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □Yes | ■ Other Specify business d | ebt | |

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Christopher David McGinnis

Case number (if know)

| Debit | Christopher David McGinnis | Case number (if know) | |
|-------|--|---|--------------|
| 4.1 | Chesapeake Bank | Last 4 digits of account number 290L | \$0.00 |
| | Nonpriority Creditor's Name | | |
| | PO Box 1419 Kilmarnock, VA 22482 | When was the debt incurred? more than 6 months ago | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did | Inot |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify loan (has been refinanced) | |
| | | | |
| 4.1 | Chesterfield County Utilities | Last 4 digits of account number 1801 | \$49.92 |
| | Nonpriority Creditor's Name | | |
| | P.O. Box 26725 | When was the debt incurred? more than 6 months ago | |
| | Richmond, VA 23261-6725 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | The state year me, and stating the chook all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | <u></u> | Type of NONPRIORITY unsecured claim: | |
| | ☐ At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt | _ | l mad |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did report as priority claims | not |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify utilities | |
| | | — Other. Specify | |
| 4.1 | Citi Bank N.A. | Last 4 digits of account number 6580 | \$208,379.74 |
| 8 | Nonpriority Creditor's Name | Last 4 digits of account flumber | |
| | PO Box 78005 | When was the debt incurred? more than 6 months ago | |
| | Phoenix, AZ 85062 | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did | I not |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | Other Specify Credit card | |

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Christopher David McGinnis

| Debit | Christopher David McGinnis | Case number (if know) | |
|-------|---|--|------------|
| 4.1 | City of Richmond | Last 4 digits of account number 2895 | \$498.88 |
| ر ت | Nonpriority Creditor's Name PO Box 26505 | When was the debt incurred? more than 6 months ago | |
| | Richmond, VA 23261 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □Yes | Other. Specify personal property taxes | |
| 4.2 | Claus | | ¢472.76 |
| 0 | Cirus Nonpriority Creditor's Name | Last 4 digits of account number | \$473.76 |
| | PO Box 5344 | When was the debt incurred? more than 6 months ago | |
| | Richmond, VA 23220 | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | \square Obligations arising out of a separation agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify business debt | |
| 4.2 | Contract Caller's Inc. | Last 4 digits of account number 9423 | \$3,825.78 |
| | Nonpriority Creditor's Name PO Box 2207 | When was the debt incurred? more than 6 months | |
| | Augusta, GA 30903 | - Accepted to the configuration of the configuratio | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other Specify utilities (Domion Power) | |

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| Debto | Christopher David McGinnis | | Case number (if know) | |
|-------|--|--|--|------------|
| 4.2 | County of Mathews | Last 4 digits of account number | 713B | \$4,448.37 |
| | Nonpriority Creditor's Name PO Box 305 Richmond VA 23334 | When was the debt incurred? | more than 6 months ago | |
| | Richmond, VA 23234 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify taxes | | |
| 4.2 | Credit Adjustment Boad | Last 4 digits of account number | 9629 | \$77.30 |
| | Nonpriority Creditor's Name 8002 Discovery Dr. Ste 311 Henrico, VA 23229 | When was the debt incurred? | more than 6 months ago | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify advanced of | | |
| _ | | | | |
| 4.2 | Credit Control Corp. Nonpriority Creditor's Name | Last 4 digits of account number | 4070 | \$2,200.00 |
| | P.O.Box 120568 | When was the debt incurred? | more than 6 months ago | |
| | Newport News, VA 23612-0568 Number Street City State Zlp Code | As of the date you file, the claim | is: Chack all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | з. Спеск ан шасарріу | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify medical | | |

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Christopher David McGinnis

| Deblo | Christopher David McGinnis | | Case number (if know) | |
|----------|---|--|---|------------|
| 4.2 5 | Credit Control, LLC | Last 4 digits of account number | 5471 | \$6,403.71 |
| | Nonpriority Creditor's Name PO Box 546 | When was the debt incurred? | more than 6 months ago | |
| | Hazelwood, MO 63042 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify credit card | | |
| 4.2 | Dankos, Gordon & Tucker | Last 4 digits of account number | 6243 | \$375.00 |
| | Nonpriority Creditor's Name 1360 E. Parham Road | When was the debt incurred? | more than 6 months ago | |
| | Suite 200 | | more than a months ago | |
| | Henrico, VA 23228 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | lacksquare At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | a plane, and other similar debts | |
| | ■ No □ Yes | Other. Specify business d | | |
| | | — Other. Specify | | |
| 4.2 | Elizabeth River Tunnels | Last 4 digits of account number | 8356 | \$18.00 |
| | Nonpriority Creditor's Name 700 Port Centre Pkwy Suite 2B | When was the debt incurred? | more than 6 mnths ago | |
| | Portsmouth, VA 23704 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that anniv | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | s. Oneok an that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other, Specify tolls | | |

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Christopher David McGinnis

Case number (if know)

| Debioi | Christopher David McGinnis | | Case number (if know) | |
|--------|--|---|--|-------------|
| 4.2 | Everest Business Funding | Last 4 digits of account number | 8104 | \$42,400.00 |
| | Nonpriority Creditor's Name 2990 Richmond Ave | When was the debt incurred? | more than 6 months ago | |
| | Suite 144 | When was the debt mounted: | more than 6 months ago | |
| | Houston, TX 77098 | _ | | |
| | Number Street City State ZIp Code | As of the date you file, the claim i | is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify business d | ebt | |
| 4.2 | Fedex Freight | Look didinide of account womber | 9411 | \$13,905.44 |
| 9 | Nonpriority Creditor's Name | Last 4 digits of account number | | \$13,303.44 |
| | PO Box 223125 Pittsburgh, PA 15251 | When was the debt incurred? | more than 6 months ago | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify business d | ebt | |
| 4.3 | Focused Recovery Solutions | | 2847 | \$854.56 |
| 0 | Nonpriority Creditor's Name | Last 4 digits of account number | | φ034.30 |
| | PO Box 63355 Charlotte, NC 28263 | When was the debt incurred? | more than 6 months ago | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ∏ yes | ■ Other Creeify medical | | |

| Debto | Christopher David McGinnis | | Case number (if know) | |
|----------|---|--|--|--------------|
| 4.3 1 | Ford Motor Credit | Last 4 digits of account number | 6427 | \$16,434.51 |
| | Nonpriority Creditor's Name 401 Minnetonka Road HiNella, NJ 80803 | When was the debt incurred? | more than 6 months ago | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify business d | ebt | |
| 4.3 2 | Fox Bindary | Last 4 digits of account number | 6600 | \$92,875.96 |
| | Nonpriority Creditor's Name 14000 N Enon Church Road Chester, VA 23836 | When was the debt incurred? | more than 6 months ago | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify business d | ebt | |
| 4.3 3 | GE Capital | Last 4 digits of account number | 8349 | \$149,239.63 |
| | Nonpriority Creditor's Name 1010 Thomas Edison Blvd SW Cedar Rapids, IA 52404 | When was the debt incurred? | more than 6 months ago | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | \square Check if this claim is for a community | Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | a plane, and other similar dobts | |
| | ■ No | | | |
| | ☐ Yes | Other. Specify business d | ept | |

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| Debto | Christopher David McGinnis | | Case number (if know) | |
|-------|--|--|---|-------------|
| 4.3 | George D. Forsythe, CPA | Last 4 digits of account number | | \$24,000.00 |
| | Nonpriority Creditor's Name 3800 Patterson Ave Richmond, VA 23221 | When was the debt incurred? | more than 6 months ago | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify lawyer fees | | |
| 4.3 | | | | |
| 5 | Gregory K Pugh PC | Last 4 digits of account number | 3542 | \$1,837.33 |
| | Nonpriority Creditor's Name 2404 Princess Anne Road Virginia Beach, VA 23456 | When was the debt incurred? | more than 6 months ago | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| | ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | aration agreement of divorce that you did not | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify medical | | |
| 4.3 | Heidelberg USA Firm | Last 4 digits of account number | 4306 | \$18,675.78 |
| 6 | Nonpriority Creditor's Name | | | Ψ.ο,ο.οο |
| | PO Box 240 | When was the debt incurred? | more than 6 months ago | |
| | Roanoke, VA 24002 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | , | or check an unit apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| | □ Yes | | • | |
| | □ res | Other. Specify business d | CNI | |

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Christopher David McGinnis

Case number (if know)

| Jebi | Christopher David McGinnis | | Case number (if know) | |
|----------|---|--|---|-------------|
| 4.3 7 | J. King DeShazo III | Last 4 digits of account number | 4593 | \$4,329.79 |
| | Nonpriority Creditor's Name 10009 Whitesel Road Ashland, VA 23005 | When was the debt incurred? | more than 6 montha ago | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify business d | lebt | |
| 4.3 3 | Jared | Last 4 digits of account number | 4671 | \$7,011.28 |
| | Nonpriority Creditor's Name PO Box 1799 Akron, OH 44309 | When was the debt incurred? | more than 6 moinths ago | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify credit card | | |
| 4.3 | Jeremy S. Williams/Kutak Rock | Last 4 digits of account number | N/A | \$30,000.00 |
| | Nonpriority Creditor's Name 1111 East Main St. | When was the debt incurred? | more than 6 months ago | |
| | 8th Floor Richmond, VA 23219 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | an plane, and other similar dates | |
| | ■ No | Debts to pension or profit-sharin | | |
| | Π v _{es} | Other Cresify business d | ent | |

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| Debto | Christopher David McGinnis | | Case number (if know) | |
|-------|--|--|---|-------------|
| 4.4 | Jon Wood Esq | Last 4 digits of account number | 7900 | \$11,058.00 |
| | Nonpriority Creditor's Name Pagano & Woods Esq 4510 S. Laburnum Ave | When was the debt incurred? | more than 6 months ago | |
| | Henrico, VA 23231 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify warrant in o | debt | |
| 4.4 | Keiter | Last 4 digits of account number | 0000 | \$3,975.00 |
| | Nonpriority Creditor's Name PO Box 32066 Henrico, VA 23294 | When was the debt incurred? | more than 6 months ago | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify business d | ebt | |
| 4.4 | Kevin C. Harrison | Last 4 digits of account number | 4041 | \$72.00 |
| | Nonpriority Creditor's Name 9460 Amerdale Drive Suite C | When was the debt incurred? | more than 6 months ago | |
| | Richmond, VA 23236 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |

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Christopher David McGinnis

Case number (if know)

| Jebi | Christopher David McGinnis | | Case number (if know) | |
|----------|---|--|---|--------------|
| 4.4 3 | Legum Law PLC | Last 4 digits of account number | 2709 | \$466,330.30 |
| | Nonpriority Creditor's Name 4004 Williamsburg Ct Fairfax, VA 22032 | When was the debt incurred? | more than 6 months ago | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify business d | ebt | |
| 1.4 1 | McCarthy Burgess & Wolff | Last 4 digits of account number | 5241 | \$5,722.73 |
| | Nonpriority Creditor's Name 26000 Cannon Road Bedford, OH 44146 | When was the debt incurred? | more than 6 months ago | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify business d | ebt | |
| 1.4 | MCV | Last 4 digits of account number | 4860 | \$1,212.52 |
| | Nonpriority Creditor's Name PO Box 91747 | When was the debt incurred? | more than 6 months ago | |
| | Richmond, VA 23210 Number Street City State Zlp Code | | in Charle all that apply | |
| | Who incurred the debt? Check one. | As of the date you file, the claim | s: Спеск ан mat арргу | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | lacktriangle At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other Specify medical | | |

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| Debto | Christopher David McGinnis | | Case number (if know) | |
|-------|--|--|---|-------------|
| 4.4 | Michael E. Derdeyn Esq | Last 4 digits of account number | 6156 | \$21,661.49 |
| | Nonpriority Creditor's Name PO Box 2057 | When was the debt incurred? | more than 6 months ago | |
| | Charlottesville, VA 22902 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | 7.5 67 67.6 | or chook an unat apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify business d | ebt | |
| 4.4 | Northstar Location Services | Last 4 digits of account number | 1001 | \$19,754.18 |
| | Nonpriority Creditor's Name Attn: Financial Services Dept. 4285 Genesee Street | When was the debt incurred? | more than 6 months ago | |
| | Cheektowaga, NY 14225-1943 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | ne of the date you me, the claim | o. Chook all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify vehicle | | |
| 4.4 | Penn Credit Corporatio | Last 4 digits of account number | 4981 | \$2,912.30 |
| | Nonpriority Creditor's Name 916 South 14th Street Harrisburg, PA 17104 | When was the debt incurred? | more than 6 months ago | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other Specify utilities | | |

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| Debto | Christopher David McGinnis | | Case number (if know) | |
|----------|--|--|---|--------------|
| 4.4 | Peoples Bank | Last 4 digits of account number | 2824 | \$435,000.00 |
| | Nonpriority Creditor's Name 850 Main Street | When was the debt incurred? | more than 6 months ago | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | a plane, and other similar debts | |
| | ■ No | · | • | |
| | Yes | Other. Specify business d | ebt | |
| 4.5 | Phoenix Financial Services | Last 4 digits of account number | w283 | \$1,222.76 |
| | Nonpriority Creditor's Name PO Box 361450 Indianapolis, IN 46236 | When was the debt incurred? | more than 6 months ago | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | ng plans, and other similar debts | |
| | ☐ Yes | Other. Specify medical | | |
| | | | | |
| 4.5 1 | Pitney Bowes | Last 4 digits of account number | 9176 | \$937.58 |
| | Nonpriority Creditor's Name PO Box 371887 | When was the debt incurred? | ore than 6 months ago | |
| | Pittsburgh, PA 15250 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | По :: . | | |
| | <u> </u> | ☐ Contingent | | |
| | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | ☐ Unliquidated☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ At least one of the debtors and another ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify business d | ebt | |

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Christopher David McGinnis

| Debio | Christopher David McGinnis | | Case number (if know) | |
|-------|---|--|--|-------------|
| 4.5 | Prime Drive | Last 4 digits of account number | R350 | \$16,087.06 |
| | Nonpriority Creditor's Name | _ | | |
| | 224 Jefferson Davis Hwy | When was the debt incurred? | more than 6 months ago | |
| | Richmond, VA 23224 Number Street City State Zlp Code | - As of the determination the plains | in Ohankallahat anak | |
| | Who incurred the debt? Check one. | As of the date you file, the claim | s: Cneck all that apply | |
| | _ | | | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify vehicle | | |
| 4.5 | Ducamagaina Nauthaun Incomence | | 0255 | \$200.04 |
| 3 | Progressive Northern Insurance | Last 4 digits of account number | 0255 | \$209.84 |
| | Nonpriority Creditor's Name PO Box 55156 | When was the debt incurred? | more than 6 months ago | |
| | Boston, MA 05505 | when was the debt incurred: | more than o months ago | |
| | Number Street City State Zlp Code | As of the date you file, the claim | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | | ☐ Student loans | | |
| | ☐ Check if this claim is for a community debt | _ | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | mation agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify business d | ebt | |
| 4.5 | | | | |
| 4.5 | Richardson Overstreet | Last 4 digits of account number | 0146 | \$1,125.00 |
| | Nonpriority Creditor's Name | When we the debt incomed? | mare then 6 menths are | |
| | 1230 Alverser Drive Midlothian, VA 23113 | When was the debt incurred? | more than 6 months ago | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | , | э. э. э. э. э. э. э. э. | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | <u> </u> | | |
| | | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| | At least one of the debtors and another | Student loans | u viaiiii. | |
| | ☐ Check if this claim is for a community debt | _ | | |
| | Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | | · | g p.s. is, and other online dobts | |
| | ☐ Yes | Other Specify medical | | |

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| Debtor | 1 Christopher David McGinnis | | Case number (if know) | |
|----------|---|--|---|----------|
| 4.5 5 | Richmond Ambulance Authority | Last 4 digits of account number | 7373 | \$411.33 |
| | Nonpriority Creditor's Name 2400 Hermitage Road Richmond, VA 23220 | When was the debt incurred? | more than 6 months ago | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community | ☐ Disputed Type of NONPRIORITY unsecured Student loans | d claim: | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | No | ☐ Debts to pension or profit-sharin | ng plans, and other similar debts | |
| | Yes | Other. Specify medical | | |
| 4.5 | Richmond Community Hospital | Last 4 digits of account number | 0040,2047,0 500 | \$841.60 |
| | Nonpriority Creditor's Name PO Box 277431 Atlanta, GA 30384 | When was the debt incurred? | more than 6 months ago | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify medical | | |
| 4.5 | Richmond Community Hospital | Last 4 digits of account number | 0040 | \$294.56 |
| | PO Box 277431 Atlanta, GA 30384 | When was the debt incurred? | more than 6 months ago | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other Specify medical | | |

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Christopher David McGinnis

Case number (if know)

| Debic | Christopher David McGinnis | Case number (if know) | |
|----------|---|---|--------------|
| 4.5 8 | Richmond Emergency Phys | Last 4 digits of account number 6945 | \$338.43 |
| | Nonpriority Creditor's Name | When was the debt incurred? more than 6 months ago | |
| | PO Box 79013 Baltimore, MD 21279 | When was the debt incurred? more than 6 months ago | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did n report as priority claims | ot |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | □ Yes | | |
| | Li res | Other. Specify medical | _ |
| | | | |
| 4.5 9 | Richmond False Alarm | Last 4 digits of account number 7098 | \$700.00 |
| | Nonpriority Creditor's Name | | |
| | PO Box 759289 Baltimore, MD 21275 | When was the debt incurred? more than 6 months ago | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | , | |
| | Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | □ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt | ☐ Obligations arising out of a separation agreement or divorce that you did n | ot |
| | Is the claim subject to offset? | report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify business debt | |
| 4.6 | Robert Sydnor | Last 4 digits of account number rent | \$34.452.00 |
| 0 | Nonpriority Creditor's Name | Last 4 digits of account number rent | Ψ34,432.00 |
| | 1094 Boater's Way Dunnsville, VA 22454 | When was the debt incurred? more than 6 months ago | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | | |
| | ■ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did n report as priority claims | ot |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other Specify business debt | |

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Christopher David McGinnis

Case number (if know)

| Christopher David McGinnis | Case number (if know) | |
|---|---|------------|
| Safety Keen Nonpriority Creditor's Name | Last 4 digits of account number 7148 | \$930.72 |
| PO Box 37428 | When was the debt incurred? more than 6 months ago | |
| Houston, TX 77237 | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | |
| _ | | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another | Student loans | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | Other. Specify business debt | |
| Speech Smarts | Last 4 digits of account number | \$1,900.00 |
| Nonpriority Creditor's Name | | · |
| Suite 1A | When was the debt incurred? more than 6 months ago | |
| 1405 Westover Hills Blvd Richmond, VA 23225 | | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | | |
| ■ Debtor 1 only | ☐ Contingent | |
| ☐ Debtor 2 only | ☐ Unliquidated | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| Yes | ■ Other. Specify medical | |
| SST Bank | Last 4 digits of account number 3869 | \$9,803.67 |
| Nonpriority Creditor's Name | | |
| PO Box 3777 Saint Joseph, MO 64503 | When was the debt incurred? more than 6 months ago | |
| Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| Who incurred the debt? Check one. | , | |
| Debtor 1 only | ☐ Contingent | |
| Debtor 2 only | ☐ Unliquidated | |
| ☐ Debtor 1 and Debtor 2 only | □ Disputed | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | |
| debt | ☐ Obligations arising out of a separation agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | |
| No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| □ Yes | Other Specific boat | |

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Christopher David McGinnis

| Jebu | Christopher David McGinnis | | Case number (if know) | |
|------|---|--|---|--------------|
| .6 | St. Financial Serv | Last 4 digits of account number | 5238 | \$245,955.36 |
| | Nonpriority Creditor's Name 50 Washington St Norwalk, CT 06854 | When was the debt incurred? | more than 6 months ago | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify business d | ebt | |
| .6 | St. Mary's Hospital | Last 4 digits of account number | 0179 | \$1,712.75 |
| | Nonpriority Creditor's Name PO Box 409553 Atlanta, GA 30384 | When was the debt incurred? | more than 6 months ago | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify medical | | |
| .6 | Stone Office Equipment | Last 4 digits of account number | 8001 | \$9,353.34 |
| | Nonpriority Creditor's Name 5604 West Broad St | When was the debt incurred? | more than 6 months ago | |
| | Richmond, VA 23230 Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | is. Oneon all that apply | |
| | ■ Debtor 1 only | Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | • | |
| | Yes | ■ Other Specify business d | ebt | |

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Christopher David McGinnis

Case number (if know)

| Jebi | Christopher David McGinnis | | Case number (if know) | |
|------|---|--|---|------------|
| 1.6 | Suntrust Nonpriority Creditor's Name | Last 4 digits of account number | 4635 | \$9,973.13 |
| | PO Box 15618 | When was the debt incurred? | more than 6 months ago | |
| | Wilmington, DE 19850 | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | ів: Спеск ан тлат арріу | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | _ | ☐ Student loans | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | ■ Other. Specify business d | ebt | |
| l.6 | Tressurer Commonwealth of VA | Last 4 digits of account number | 2079 | \$11.32 |
| | Nonpriority Creditor's Name | | | |
| | PO Box 562 Richmond, VA 23218 | When was the debt incurred? | more than 6 months ago | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify business d | lebt | |
| 1.6 | U.S. Trustee's Office | Last 4 digits of account number | Notice Only | \$0.00 |
| | Nonpriority Creditor's Name | _ | | |
| | 701 E. Broad Street Suite 4000 Richmond VA 22240 | When was the debt incurred? | Notice Only | |
| | Richmond, VA 23219 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | , | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | | |
| | □ Yes | Other Specify Notice Only | V | |

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Christopher David McGinnis

Case number (if know)

| Debit | Christopher David McGinnis | | Case number (if know) | |
|-------|--|--------------------------------------|---|-------------|
| 4.7 | Union Frst Market Bank | Last 4 digits of account number | 4900 | \$21,521.33 |
| | Nonpriority Creditor's Name PO Box 940 | When was the debt incurred? | more than 6 months ago | |
| | Ruther Glen, VA 22546 | when was the dept incurred: | more than o months ago | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify credit card | | |
| 4.7 | | | TD DV | 4040 == |
| 1 | Update Limited | Last 4 digits of account number | TP-RV | \$218.77 |
| | Nonpriority Creditor's Name 134 Peavey Circle Chaska, MN 55318 | When was the debt incurred? | more than 6 months ago | |
| | Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | , | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | ration agreement of arreflee that you did not | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | ■ Other. Specify business de | ebt | |
| 4.7 | | | | 4 |
| 2 | USAA /credit Card Payments | Last 4 digits of account number | 5148 | \$18,754.42 |
| | Nonpriority Creditor's Name 10750 McDermott Plwy San Antonio, TX 78288 | When was the debt incurred? | more than 6 months ago | |
| | Number Street City State ZIp Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | □Yes | ■ Other Specify credit card | | |

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Christopher David McGinnis

Case number (if know)

| Christopher David McGinnis | | Case number (if know) | |
|---|---|--|----------|
| UVA Physicians Group Nonpriority Creditor's Name P.O. Box 9007 | Last 4 digits of account number When was the debt incurred? | more than 6 months ago | \$154.70 |
| Charlottesville, VA 22906 Number Street City State Zlp Code | As of the date you file, the claim i | s: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify medical | | |
| VA Diabetes and Endocrinology | Last 4 digits of account number | 3496 | \$15.00 |
| Nonpriority Creditor's Name 348 Browns Hill Court Midlothian, VA 23114 | When was the debt incurred? | more than 6 months ago | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | □ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| Yes | Other. Specify medical | | |
| VCU Health | Last 4 digits of account number | 4860 | \$203.70 |
| Nonpriority Creditor's Name PO Box 758721 | When was the debt incurred? | more than 6 months ago | |
| Baltimore, MD 21275 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| □Yes | ■ Other Specify medical | | |

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Christopher David McGinnis

Case number (if know)

| Debit | Christopher David McGinnis | | Case number (if know) | |
|-------|--|---|---|-------------|
| 4.7 | Verizon | Last 4 digits of account number | 0001 | \$197.49 |
| | Nonpriority Creditor's Name PO Box 4003 | When was the debt incurred? | more than 6 months ago | |
| | Acworth, GA 30101 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separe report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify business d | ebt | |
| 4.7 | Walla Farra | | 2205 | £44.224.20 |
| 7 | Wells Fargo Nonpriority Creditor's Name | Last 4 digits of account number | 3285 | \$11,324.20 |
| | PO Box 6412 | When was the debt incurred? | more than 6 months ago | |
| | Carol Stream, IL 60197 | _ | | |
| | Number Street City State ZIp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | _ | | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify credit card | | |
| 4.7 | Wells Fargo Bank | Last 4 digits of account number | 2383 | \$325.64 |
| 8 | Nonpriority Creditor's Name | Last 4 digits of account number | | Ψ020.04 |
| | PO Box 55126 | When was the debt incurred? | more than 6 months ago | |
| | Boston, MA 02205 Number Street City State Zlp Code | _ As of the date you file, the claim | in Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the claim | із. Спеск ан шасарріу | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | \square Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other Specify balance | | |

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Christopher David McGinnis

Case number (if know)

| Debio | Christopher David McGinnis | | Case number (if know) | | | | |
|-------|--|--|---|-------------|--|--|--|
| 4.7 | Wells Fargo Bank | Last 4 digits of account number | 8455 | \$3,404.53 | | | |
| | Nonpriority Creditor's Name | - When was the debt incurred? | more than 6 months age | | | | |
| | PO Box 55126 Boston, MA 02205 | when was the debt incurred? | more than 6 months ago | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt | ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | □ Yes | ■ Other. Specify business d | ebt | | | | |
| 4.8 | | | | | | | |
| 0 | Wells Fargo Business Direct | Last 4 digits of account number | 0863 | \$6,006.30 | | | |
| | Nonpriority Creditor's Name PO Box 29482 | When was the debt incurred? | more than 6 months ago | | | | |
| | Phoenix, AZ 85038 | When was the dest mounted. | more than 6 months ago | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt | Obligations arising out of a sepa | ration agreement or divorce that you did not | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | |
| | Yes | ■ Other. Specify business d | ebt | | | | |
| 4.8 | Wells Fargo Card Services | | 9527 | ¢42 202 96 | | | |
| 1 | Nonpriority Creditor's Name | Last 4 digits of account number | 9321 | \$13,393.86 | | | |
| | PO Box 30086 | When was the debt incurred? | more than 6 months ago | | | | |
| | Los Angeles, CA 90030 | _ | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | |
| | Debtor 1 only | Пол | | | | | |
| | _ , | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | d alaim. | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | a Ciaiiii. | | | | |
| | ☐ Check if this claim is for a community debt | | | | | | |
| | Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | | |
| | □ Yes | ■ Other Specify credit card | - - | | | | |

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Christopher David McGinnis

Case number (if know)

| Debit | Christopher David McGinnis | | Case number (if know) | |
|---------------|---|--|---|--------------|
| 4.8 | Wilson Paper Comp | Last 4 digits of account number | 3935 | \$197,291.00 |
| | Nonpriority Creditor's Name PO Box 4005 | When was the debt incurred? | more than 6 months ago | |
| | Roanoke, VA 24015 | when was the debt incurred? | more than 6 months ago | |
| | Number Street City State Zlp Code | As of the date you file, the claim | | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharir | g plans, and other similar debts | |
| | | | | |
| | ☐ Yes | Other. Specify business d | ept | |
| $\overline{}$ | | | | |
| 4.8 | Woodlake Village Ped. | Last 4 digits of account number | 2073 | \$7.59 |
| ت | Nonpriority Creditor's Name | _ | | |
| | PO Box 2240 | When was the debt incurred? | more than 6 months ago | |
| | Burlington, NC 27216 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | 710 of the date you me, the claim | o. Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | Obligations arising out of a sens | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | nation agreement of arverse that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify medical | | |
| 4.8 | Woodlale Village Ped | | 2026 | \$132.62 |
| 4 | Nonpriority Creditor's Name | Last 4 digits of account number | <u> 2926 </u> | \$132.02 |
| | 14732 Village Square Place Midlothian, VA 23112 | When was the debt incurred? | more than 6 months ago | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharir | o plans, and other similar debts | |
| | | | g plane, and other similar debte | |
| | ☐ Yes | Other Specify medical | | |

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| Christopher David McGinnis | | Case number (if know) | |
|--|--|---|-------------|
| Zwicker & Express | Last 4 digits of account number | 5002 | \$21,555.16 |
| Nonpriority Creditor's Name | _ | | |
| 948 Clopper Road | When was the debt incurred? | more than 6 months ago | |
| 2nd Floor Gaithersburg, MD 20878 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

■ Other. Specify credit card

Part 4: Add the Amounts for Each Type of Unsecured Claim

☐ Yes

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|--------------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 746,538.52 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 746,538.52 |
| | | | | Total Claim |
| | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 2,649,130.84 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 2,649,130.84 |

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|--------------------|------------|-------|
| Debtor 1 | Christopher Davi | d McGinnis | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT C | F VIRGINIA | |
| Case number | | | | |
| (if known) | | | | ☐ Che |
| | | | | am |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | whom you have the or, Street, City, State and ZIP Co | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|--|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | _ |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | Oity | | Otate | Zii Code | |
| | Name | | | | |
| | | | | | <u> </u> |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | Number | Street | | | <u> </u> |
| | | | | | |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | <u> </u> |
| | | | | | |

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| | | Docume | nt Page 53 c | of 85 | |
|------------------------|--|--------------------------------|-------------------------|---|--|
| Fill in this | information to identify your | r case: | | | |
| | | | | | |
| Debtor 1 | Christopher Dav | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, fili | ng) First Name | Middle Name | Last Name | | |
| United Sta | tes Bankruptcy Court for the: | EASTERN DISTRICT C | F VIRGINIA | | |
| | | | | | |
| Case num (if known) | ber | | | | Chook if this is an |
| (ii Kilowii) | | | | | Check if this is an amended filing |
| | | | | | amended ming |
| Officia | l Form 106H | | | | |
| | lule H: Your Cod | lahtars | | | 12/15 |
| Scried | ule II. Toul Cot | ienioi 2 | | | 12/15 |
| | and case number (if known you have any codebtors? (if | , | | e as a codebtor. | |
| ■ No □ Yes | s | | | | |
| | hin the last 8 years, have yo a, California, Idaho, Louisiana | | | | states and territories include |
| | | | | | |
| | Go to line 3. | | | | |
| ⊔ Yes | s. Did your spouse, former spo | buse, or legal equivalent live | e with you at the time? | | |
| in line Form | 2 again as a codebtor only | if that person is a guaran | tor or cosigner. Make | sure you have listed th | g with you. List the person shown e creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and 2 | ZIP Code | | Column 2: The cre Check all schedule | ditor to whom you owe the debt s that apply: |
| 3.1 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, li | |
| | | | | ☐ Schedule G, line | |
| - | Number Street | | | | |
| | Number Street City | State | ZIP Code | | |
| | | | | | |
| | | | | Пол | |
| 3.2 | Name | | | Schedule D, line | |
| | | | | ☐ Schedule E/F, li☐ Schedule G, line | |
| _ | | | | — Scriedule G, IIII6 | |
| | Number Street | State | ZIP Code | | |

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| Fill | in this information to identify your c | ase: | | | | | | | | |
|-------------|---|----------------------------|----------------------------------|-------------|-------|----------------|---------------------|--------------|------------------------|-------|
| Del | otor 1 Christopher | David McGinnis | | | _ | | | | | |
| | otor 2 | | | | _ | | | | | |
| Uni | ted States Bankruptcy Court for the | EASTERN DISTRICT | OF VIRGINIA | | | | | | | |
| | se number | | | | | ☐ An | | nt showing | g postpetition chap | oter |
| 0 | fficial Form 106I | | | | | | I / DD/ Y` | | g | |
| S | chedule I: Your Inc | ome | | | | 101101 | 1, 00, 1 | | | 12/15 |
| spo atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | ır spouse is not filing wi | ith you, do not inclu | de infor | mati | on about y | our spo | use. If mo | re space is need | led, |
| 1. | Fill in your employment information. | | Debtor 1 | | | | Debtor 2 | or non-fil | ing spouse | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed □ Not employed | | | | ☐ Emplo ☐ Not en | • | | |
| | employers. | Occupation | Printer | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | BMST Inc. | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 1961 Puddledoc Petersburg, VA | | I | | | | | |
| | | How long employed the | here? 16 Mon | ths | | | _ | | | |
| Par | t 2: Give Details About Mor | nthly Income | | | | | | | | |
| | mate monthly income as of the duse unless you are separated. | ate you file this form. If | you have nothing to re | eport for | any | line, write \$ | 0 in the | space. Inc | lude your non-filin | g |
| | u or your non-filing spouse have me e space, attach a separate sheet to | | ombine the information | n for all e | emplo | oyers for th | at persor | n on the lir | ies below. If you n | eed |
| | | | | | | For Debto | or 1 | | otor 2 or ng spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 12,5 | 00.00 | \$ | N/A | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | |

12,500.00

N/A

Calculate gross Income. Add line 2 + line 3.

| Deb | tor 1 | Christopher David McGinnis | - | Case | number (if known) | | | |
|-----|---------------|--|--------|-----------|-------------------|------------|---------------------------|---|
| | | | | For | Debtor 1 | | Debtor 2 or filing spouse | |
| | Сор | y line 4 here | 4. | \$ | 12,500.00 | \$ | N/A | _ |
| 5. | l ist | all payroll deductions: | | | | | | |
| O. | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 0.00 | \$ | N/A | _ |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 0.00 | \$ | N/A | _ |
| | 5e. | Insurance | 5e. | \$ | 0.00 | \$ | N/A | _ |
| | 5f. | Domestic support obligations | 5f. | \$ | 0.00 | \$ | N/A | _ |
| | 5g. | Union dues | 5g. | \$ | 0.00 | \$ | N/A | _ |
| | 5h. | Other deductions. Specify: | 5h.+ | \$ | 0.00 | + \$ | N/A | _ |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$ | 0.00 | \$ | N/A | <u>-</u> |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 12,500.00 | \$ | N/A | <u>-</u> |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | 90 | ¢ | 0.00 | ¢ | N/A | |
| | O.L. | monthly net income. Interest and dividends | 8a. | \$_ \$ | 0.00 | * * | N/A | _ |
| | 8b. 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | 8b. | Φ | 0.00 | Φ | N/A | _ |
| | | settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | N/A | _ |
| | 8d. | Unemployment compensation | 8d. | \$ | 0.00 | \$ | N/A | <u>-</u> |
| | 8e. | Social Security | 8e. | \$ | 0.00 | \$ | N/A | |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income | 8f. | \$_ \$ | 0.00 | \$ | N/A | _ |
| | 8g. | | 8g. | · - | 0.00 | | N/A | _ |
| | 8h. | Other monthly income. Specify: | 8h.+ | - \$ | 0.00 | + ə | N/A | _ |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | N// | A |
| 10. | Cald | culate monthly income. Add line 7 + line 9. | 10. \$ | 1: | 2,500.00 + \$ | | N/A = \$ | 12,500.00 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | depen | • | , | • | chedule J. 11. +\$ | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | 12. \$ | 12,500.00 |
| | | | | | | | Combi | |
| 13. | Do y | you expect an increase or decrease within the year after you file this form No. Yes. Explain: | ? | | | | month | ly income |

Official Form 106I Schedule I: Your Income page 2

| - | in this informs | tion to identify yo | | | | Ī | | | |
|------------|------------------------------|---|-------------------------|--|--|--------------|-------------------|---|----------|
| FIII | in this informa | tion to identify yo | ur case: | | | | | | |
| Deb | otor 1 | Christopher | David Mo | cGinnis | | Ch | eck if this is: | | |
| | | | | | | | An amended filir | · · | |
| | otor 2 ouse, if filing) | | | | | | | nowing postpetition chapter of the following date: | |
| (Spt | ouse, ii iiiiig) | | | | | | то ехрепвев ав | or the following date. | |
| Unit | ed States Bankr | ruptcy Court for the: | EASTE | RN DISTRICT OF VIRGIN | IIA | | MM / DD / YYYY | , | |
| Cas | e number | | | | | | | | |
| (If k | nown) | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | ı | | | |
| | | J: Your I | Exper | ises | | | | 12/ | 15 |
| Be info | as complete a | and accurate as | possible. eded, atta | If two married people and the control of the contro | | | | | |
| Par 1. | t 1: Descr Is this a joir | ibe Your House | hold | | | | | | _ |
| ١. | | | | | | | | | |
| | ■ No. Go to | o line 2. es Debtor 2 live i | n a conar | ata hausahald? | | | | | |
| | _ | | ii a sepai | ate nousenoid: | | | | | |
| | □N | | t filo Offici | al Form 106J-2, Expenses | for Congrete House | shold of Da | obtor 2 | | |
| | ш т | es. Debioi 2 mus | t lile Offici | ai Fulli 1005-2, Expenses | s тог <i>Зерага</i> те поизе | פווטומ טו שנ | ebioi 2. | | |
| 2. | Do you have | e dependents? | ☐ No | | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? | |
| | Do not state | the | | | | | | ■ No | |
| | dependents | | | | Daughter | | 5 Years | □ Yes | |
| | | | | | | | | _ No | |
| | | | | | Son | | 7 Years | ☐ Yes | |
| | | | | | | | | □ No | |
| | | | | | | | | ☐ Yes | |
| | | | | | | | | □ No | |
| | | | | | | | <u></u> | ☐ Yes | |
| 3. | expenses of yourself and | penses include f people other the d your depender | nan nts? | No Yes | | | | | |
| | | ate Your Ongoir | | | .a ana maina thia f | | ounniament in a C | hantar 12 agos to ronart | |
| exp | | | | | | | | chapter 13 case to report to of the form and fill in the | ; |
| | | | | government assistance i | | | | | |
| | | | d have inc | cluded it on Schedule I: | Your Income | | Your ex | kpenses | |
| (Oi | ficial Form 10 | юі.) | | | | | 100.10 | | |
| 4. | | or home ownersl and any rent for the | | ses for your residence. I | nclude first mortgage | e 4. | \$ | 3,100.00 | |
| | If not includ | led in line 4: | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | 0.00 | |
| | | rty, homeowner's | , or renter | 's insurance | | 4b. | | 0.00 | |
| | 4c. Home | maintenance, re | pair, and ι | ıpkeep expenses | | 4c. | \$ | 0.00 | |
| | | owner's associati | | | | 4d. | | 0.00 | |
| 5. | Additional r | nortgage payme | ents for yo | our residence, such as ho | me equity loans | 5. | \$ | 0.00 | |

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| Case number (if known) | |
|-------------------------------|--|
| | |
| 6a. \$ | 175.00 |
| 6b. \$ | 0.00 |
| 6c. \$ | 125.00 |
| · - | 0.00 |
| | 600.00 |
| · | 1,000.00 |
| · | 65.00 |
| · — | 50.00 |
| · — | |
| 11. \$ | 150.00 |
| 12 \$ | 250.00 |
| · | 150.00 |
| · — | |
| 14. \$ | 0.00 |
| | |
| 15a \$ | 0.00 |
| | 400.00 |
| · — | |
| · | 115.00 |
| 15d. \$ | 0.00 |
| 40 | |
| 16. \$ | 3,750.00 |
| 47- 6 | 0.00 |
| · | 0.00 |
| · · · | 0.00 |
| | 0.00 |
| <u> </u> | 0.00 |
| | 5,039.00 |
| · | |
| · | 0.00 |
| | |
| | 0.00 |
| | 0.00 |
| · | 0.00 |
| · — | 0.00 |
| 20d. \$ | 0.00 |
| 20e. \$ | 0.00 |
| 21. +\$ | 175.00 |
| | |
| • | 45 444 00 |
| | 15,144.00 |
| \$ | |
| \$ | 15,144.00 |
| | |
| 220 ¢ | 40 500 00 |
| · — | 12,500.00 |
| 230\$ | 15,144.00 |
| | |
| 23c. \$ | -2,644.00 |
| 200. | _,;:.::00 |
| ou file this form? | |
| ur mortgage payment to increa | se or decrease because o |
| 55., | |
| | |
| | |
| , | 6b. \$ 6c. \$ 6d. \$ 7. \$ 8. \$ 9. \$ 10. \$ 11. \$ 12. \$ 13. \$ 14. \$ 15a. \$ 15b. \$ 15c. \$ 15d. \$ 17a. \$ 17b. \$ 17c. \$ 17d. \$ 17d. \$ \$ 17d. \$ \$ \$ 18. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |

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| Fill in this infor | mation to identify your | case: | | | |
|---------------------|--|--------------------------|----------------------------|--------------------------|-----------------------------------|
| Debtor 1 | Christopher Davi | | | | |
| 200101 | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT O | F VIRGINIA | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| O#: a: a! | 100D | | | | |
| Official For | | | | | |
| Declara | tion About a | an Individual | Debtor's Sc | hedules | 12/15 |
| years, or both. 1 | y or property by fraud i 8 U.S.C. §§ 152, 1341, 1 in Below | | Kruptcy case can result i | n iines up to \$250,000, | or imprisonment for up to 20 |
| Did you pa | ay or agree to pay some | eone who is NOT an attor | ney to help you fill out b | pankruptcy forms? | |
| ■ No | | | | | |
| □ Yes. | Name of person | | | Attach <i>Bankrı</i> | uptcy Petition Preparer's Notice, |
| | | | | | nd Signature (Official Form 119) |
| that they a | re true and correct. | that I have read the sum | · | d with this declaration | and |
| | ristopher David McG opher David McGinn | | X Signature of | Debtor 2 | |
| | ure of Debtor 1 | 13 | Signature of | Deniol 2 | |
| Date | May 31, 2017 | | Date | | |

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| | in this inform | antion to identify | | | | |
|---------|---|--------------------------|---------------------------------|--|--|------------------------------------|
| FIII | in this inform | nation to identify you | | | | |
| Deb | tor 1 | Christopher Da | vid McGinnis Middle Name | Last Name | | |
| Deb | tor 2 | | | | | |
| (Spou | use if, filing) | First Name | Middle Name | Last Name | | |
| Unit | ed States Bar | nkruptcy Court for the | EASTERN DISTRICT OF | VIRGINIA | | |
| Cas | e number | | | | | |
| (if kno | _ | | | | | Check if this is an |
| | | | | | | amended filing |
| | | | | | | |
| | icial Fo | | | | | |
| Sta | tement | of Financial | Affairs for Individ | duals Filing for B | ankruptcy | 4/10 |
| Be a | s complete a | and accurate as poss | sible. If two married people | are filing together, both are | equally responsible for sup | plying correct |
| infor | mation. If m | ore space is needed | , attach a separate sheet to | | y additional pages, write yo | |
| num | ber (if knowr | n). Answer every que | estion. | | | |
| Part | Give D | etails About Your M | arital Status and Where You | u Lived Before | | |
| 1. | What is your | current marital stat | us? | | | |
| | □ Mandad | | | | | |
| | ■ Married■ Not mar | riod | | | | |
| | - Not mai | neu | | | | |
| 2. | During the la | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | □ No | | | | | |
| | Yes. Lis | t all of the places you | lived in the last 3 years. Do n | ot include where you live nov | ı. | |
| | Debtor 1 Pri | ior Address: | Dates Debtor 1 | Debtor 2 Prior Ac | ldress: | Dates Debtor 2 |
| | 202101 1111 | .o. / taa. 000. | lived there | 200101 21 1101 710 | | lived there |
| | 536 Virgin | | From-To: 2016-04/2017 | ☐ Same as Debtor | 1 | ☐ Same as Debtor 1 From-To: |
| | Petersburg | g, VA 23803 | 2010-04/2017 | | | FIOIII-10. |
| | | | Faces To | _ | | |
| | 2924 Bells Richmond | | From-To: 2014-2016 | ☐ Same as Debtor | I | ☐ Same as Debtor 1 From-To: |
| | Monitoria | , 17 20204 | | | | 11011110. |
| | | | | | | |
| | | | | | ity property state or territor ico, Texas, Washington and V | |
| State | s and territori | es include Anzona, Co | amornia, idano, Eduisiana, Ne | vaua, New Mexico, Fuerto N | ico, rexas, wasilingion and v | viscorisiii.) |
| | No | | | | | |
| | ☐ Yes. Ma | ike sure you fill out So | hedule H: Your Codebtors (O | fficial Form 106H). | | |
| Part | 2 Explai | n the Sources of You | ır İncome | | | |
| ı aıı | Explai | The Courses of To | | | | |
| | | | | ng a business during this yeall businesses, including part | ear or the two previous cale | ndar years? |
| | | | | re together, list it only once ur | | |
| | П Мо | | | | | |
| | | in the details. | | | | |
| | — 163.1°III | iii aic actalis. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income | Gross income | Sources of income | Gross income |
| | | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| | | | | | | , |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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| | |
|-------------------------------------|------------------------|
| Debtor 1 Christopher David McGinnis | Case number (if known) |

| | | | _ | |
|--|--|--|--|--|
| | Debtor 1 | | Debtor 2 | |
| | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inco | |
| From January 1 of current year the date you filed for bankrupto | | \$62,500.00 | ☐ Wages, common bonuses, tips | nissions, |
| | ☐ Operating a business | | ☐ Operating a b | usiness |
| For last calendar year: (January 1 to December 31, 201 | 6) Wages, commissions, bonuses, tips | \$18,750.00 | ☐ Wages, comn bonuses, tips | nissions, |
| | ☐ Operating a business | | ☐ Operating a b | usiness |
| For the calendar year before the (January 1 to December 31, 201 | | \$23,525.00 | ☐ Wages, commo | nissions, |
| | Operating a business | | Operating a b | usiness |
| Include income regardless of and other public benefit paym winnings. If you are filing a joi | whether that income is taxable. Extents; pensions; rental income; intent case and you have income that income from each source separate. | camples of other income are a erest; dividends; money collect you received together, list it con | ted from lawsuits; ronly once under Deb | otor 1. |
| | | | | |
| | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of inco Describe below. | Gross income (before deductions and exclusions) |
| Part 3: List Certain Payments | s You Made Before You Filed for | Bankruptcy | | |
| | otor 2's debts primarily consume | | | |
| No. Neither Debtor 1 | nor Debtor 2 has primarily cons y for a personal, family, or househo | umer debts. Consumer debt | s are defined in 11 l | J.S.C. § 101(8) as "incurred by an |
| During the 90 day | s before you filed for bankruptcy, d | lid you pay any creditor a tota | l of \$6,425* or more | ? ? |
| _ | line 7. elow each creditor to whom you pa | aid a total of \$6 425* or more i | n one or more navn | nents and the total amount you |
| paid t not in | hat creditor. Do not include payme clude payments to an attorney for street on 4/01/19 and every 3 years. | nts for domestic support oblig this bankruptcy case. | ations, such as chil | ld support and alimony. Also, do |
| ☐ Yes. Debtor 1 or Debt | or 2 or both have primarily cons s before you filed for bankruptcy, d | umer debts. | | adjustinoiti. |
| □ No. Go to | line 7. | | | |
| ☐ Yes List b includ | elow each creditor to whom you pa | · | , | ou paid that creditor. Do not lso, do not include payments to an |
| Creditor's Name and Addre | ess Dates of payme | ent Total amount | Amount you | Was this payment for |

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| | ` | 5436 17 52513 NET 1506 | Document | Page 61 of 85 | 5/51/17 10.1 | 15.56 Bese Main |
|----|------------------------|---|---|---|---|---|
| De | btor 1 | Christopher David McGinnis | Doddinent | | e number (if known) | |
| | | | | | | |
| 7. | <i>Inside</i> of which | n 1 year before you filed for bankrupt ors include your relatives; any general pa ch you are an officer, director, person in ness you operate as a sole proprietor. 1 ny. | artners; relatives of any gent control, or owner of 20% | neral partners; partne or more of their voting | erships of which yog g securities; and a | ou are a general partner; corporations ny managing agent, including one fo |
| | _ | No | | | | |
| | | es. List all payments to an insider. | | | | |
| | Insid | er's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment |
| 8. | inside | n 1 year before you filed for bankrupt er? e payments on debts guaranteed or cos | | yments or transfer a | any property on a | ccount of a debt that benefited an |
| | _ | No ′es. List all payments to an insider | | | | |
| | Insid | er's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for this payment Include creditor's name |
| | rt 4: | Identify Legal Actions, Repossession | | | | |
| | _ | No Yes. Fill in the details. | | | | |
| | Case | title number | Nature of the case | Court or agency | | Status of the case |
| | Verit McG | tiv Corporation v. David iinnis 6-2709 | Civil Complaint | Henrico Count Court | y Circuit | ☐ Pending ☐ On appeal ☐ Concluded |
| | | | | | | Judgment for Plaintiff |
| | v. Cł | inancial Services Corporation hristopher David McGinnis 3-5238-02 | Civil Complaint - Garnishment | City of Richmo Court | nd Circuit | ■ Pending □ On appeal □ Concluded Judgment for Plaintiff - |
| | | | | | | Pending Garnishment 8/7/17 at 9:00am |
| | | nard Richardson Overstreet | Warrant in Debt | Chesterfield G | eneral | Pending |
| | | v. Christopher McGinnis 7004036-00 | | District Court | | On appeal |
| | ٠ | | | | | Concluded |
| | | | | | | Default Judgment 4/19/2017 |

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.

No. Go to line 11.

☐ Yes. Fill in the information below.

Creditor Name and Address Describe the Property Date Value of the property **Explain what happened**

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Christopher David McGinnis

| Dei | Christopher David McGinnis | | Case number | (If Known) | | | | |
|--|--|--|--|---|-------------------------|--|--|--|
| | | | | | | | | |
| Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from you accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. | | | | | | | | |
| | | ditor Name and Address Describe the action the creditor took | | | | | | |
| | Creditor Name and Address | De | escribe the action the creditor took | Date action was taken | Amount | | | |
| 12. | Within 1 year before you filed for bankru court-appointed receiver, a custodian, o | | vas any of your property in the possession of an ner official? | assignee for the bene | efit of creditors, a | | | |
| | ☐ Yes | | | | | | | |
| Pai | rt 5: List Certain Gifts and Contribution | าร | | | | | | |
| 13. | Within 2 years before you filed for banks ■ No □ Yes. Fill in the details for each gift. | ruptcy, | did you give any gifts with a total value of more | than \$600 per person' | ? | | | |
| | Gifts with a total value of more than \$60 per person | 00 | Describe the gifts | Dates you gave the gifts | Value | | | |
| | Person to Whom You Gave the Gift and Address: | l | | | | | | |
| 14. | Within 2 years before you filed for banks ■ No □ Yes. Fill in the details for each gift or or | | did you give any gifts or contributions with a tot tion. | al value of more than | \$600 to any charity? | | | |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | | Describe what you contributed | Dates you contributed | Value | | | |
| Pai | rt 6: List Certain Losses | | | | | | | |
| | | ıptcy o | r since you filed for bankruptcy, did you lose any | thing because of thef | t, fire, other disaster | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Describe the property you lost and | Descr | ribe any insurance coverage for the loss | Date of your | Value of property | | | |
| | how the loss occurred | | e the amount that insurance has paid. List pending ince claims on line 33 of Schedule A/B: Property. | loss | lost | | | |
| Par | rt 7: List Certain Payments or Transfer | | .,., | | | | | |
| | • | | | | | | | |
| 16. | consulted about seeking bankruptcy or | prepari | lid you or anyone else acting on your behalf pay ing a bankruptcy petition? rs, or credit counseling agencies for services require | | rty to anyone you | | | |
| | □ No■ Yes. Fill in the details. | | | | | | | |
| | - 103. Till ill the details. | | Description and value of any manager | Data navimant | A | | | |
| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not | You | Description and value of any property transferred | Date payment or transfer was made | Amount of payment | | | |
| | Canfield, Baer, Heller LLP | . , | \$5,000.00 - \$450.00 for filing fees and | 01/2017 | \$5,000.00 | | | |

Richmond, VA 23230

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Debtor 1 Christopher David McGinnis

Case number (if known)

| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. No Yes. Fill in the details. | | | | | |
|---|--|---|----------------------------|-----------------|---|---|
| | Person Who Was Paid Address | Description and vertransferred | alue of any prop | erty | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus Include both outright transfers and transfers mad include gifts and transfers that you have already | siness or financial affa le as security (such as the | irs? he granting of a s | | | |
| | ■ No □ Yes. Fill in the details. | iisted on this statement. | | | | |
| | Person Who Received Transfer Address Person's relationship to you | Description and voproperty transferr | | | any property or received or debts change | Date transfer was made |
| 19. | Within 10 years before you filed for bankrupto beneficiary? (These are often called asset-protein No Yes, Fill in the details. | | y property to a s | elf-settled tro | ust or similar device o | of which you are a |
| | Name of trust | Description and v | alue of the propo | erty transferr | ed | Date Transfer was made |
| Par | List of Certain Financial Accounts, Insti | ruments, Safe Deposit | Boxes, and Sto | rage Units | | maac |
| 20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for you sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit thouses, pension funds, cooperatives, associations, and other financial institutions. ■ No □ Yes. Fill in the details. | | | | | , | |
| | | Last 4 digits of account number | Type of accour instrument | clo mo | nte account was osed, sold, oved, or onsferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? | ear before you filed for | bankruptcy, any | / safe deposi | t box or other deposi | tory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, St State and ZIP Code) | | Describe the | contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or No | place other than your | home within 1 y | ear before ye | ou filed for bankruptc | y? |
| | Yes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, State and ZIP Code) | | Describe the | contents | Do you still have it? |

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Debtor 1 Christopher David McGinnis

Case number (if known)

| Par | t 9: Identify Property You Hold or Control for | Someone Else | | | | |
|---|--|--|--------------------------------------|--------------------|--|--|
| 23. | 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value | | |
| Par | t 10: Give Details About Environmental Informa | ation | | | | |
| For | the purpose of Part 10, the following definitions | apply: | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these sul | ir, land, soil, surface water, ground | | | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | sites. | • | | | |
| | Hazardous material means anything an environ hazardous material, pollutant, contaminant, or | | s waste, hazardous substance, toxic | substance, | | |
| Rep | ort all notices, releases, and proceedings that yo | ou know about, regardless of wher | n they occurred. | | | |
| 24. | Has any governmental unit notified you that you | u may be liable or potentially liable | under or in violation of an environm | ental law? | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | |
| 26. | Have you been a party in any judicial or adminis | strative proceeding under any envi | ronmental law? Include settlements | and orders. | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | |
| Par | t 11: Give Details About Your Business or Con | nnections to Any Business | | | | |
| 27. | Within 4 years before you filed for bankruptcy, | did you own a business or have an | y of the following connections to an | y business? | | |
| ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | |
| | ☐ A member of a limited liability company | (LLC) or limited liability partnersh | ip (LLP) | | | |
| | ☐ A partner in a partnership | | | | | |
| | ☐ An officer, director, or managing execut | tive of a corporation | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | |

Case 17-32815-KLP Doc 1 Filed 05/31/17 Entered 05/31/17 16:13:38 Desc Main Page 65 of 85 Document Case number (if known) Debtor 1 Christopher David McGinnis ■ No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed EIN: Digital Ink, Inc. **Printing** 54-1962393 2924 Bells Road From-To 2000 - 1/15/2016 Richmond, VA 23234 Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Christopher David McGinnis **Christopher David McGinnis** Signature of Debtor 2 Signature of Debtor 1 Date May 31, 2017 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

☐ Yes

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| | | Documen | raye oo or oo | | |
|---------------------|--|-------------------------------|---|--------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Christopher Davi | d McGinnis | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | EASTERN DISTRICT OF | VIRGINIA | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an amended filing |
| Official Fo | | n for Individua | als Filing Unde | or Chanter 7 | 12/15 |
| Otateme | | ii ioi iiiaiviaa | als I lillig Offac | i Oliapici i | 12/13 |
| | _ | pter 7, you must fill out thi | s form if: | | |
| = creditors nav | e claims secured by yo | our property, or | | | |
| You must file th | is form with the court w ever is earlier, unless th | | ed. your bankruptcy petition o or cause. You must also se | | |

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

| Part 1: | List Your | Creditors | Who Have | Secured | Claims |
|---------|-----------|-----------|----------|---------|--------|
|---------|-----------|-----------|----------|---------|--------|

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the

| What do you intend to do with the property that secures a debt? | Did you claim the propert as exempt on Schedule C |
|--|--|
| | |
| ☐ Surrender the property. | □ No |
| Retain the property and redeem it. | _ |
| Retain the property and enter into a Reaffirmation Agreement. | ■ Yes |
| ☐ Retain the property and [explain]: | |
| ☐ Surrender the property. | □No |
| Retain the property and redeem it. | <u>_</u> |
| ☐ Retain the property and enter into a Reaffirmation Agreement. | ■ Yes |
| ☐ Retain the property and [explain]: | |
| | Surrender the property. ■ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: □ Surrender the property. ■ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

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| Debtor 1 Christopher David McGinnis | Case number (if known) |
|--|--|
| Lessor's name: Description of leased Property: | □ No |
| Lessor's name: Description of leased | ☐ Yes |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Lessor's name: Description of leased | □ No |
| Property: | ☐ Yes |
| Part 3: Sign Below | |
| Under penalty of perjury, I declare that I have in property that is subject to an unexpired lease. | icated my intention about any property of my estate that secures a debt and any personal |
| X /s/ Christopher David McGinnis | X |
| Christopher David McGinnis Signature of Debtor 1 | Signature of Debtor 2 |
| Date May 31, 2017 | Date |

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United States Bankruptcy Court

Eastern District of Virginia

| In re | Christopher David McGinnis | | Case No. | |
|-------|----------------------------|-----------|----------|---|
| | | Debtor(s) | Chapter | 7 |

| | DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR | | | | | |
|----|--|--|--|--|--|--|
| 1. | Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | | |
| | For legal services, I have agreed to accept \$ 4,550.00 | | | | | |
| | Prior to the filing of this statement I have received \$ 4,550.00 | | | | | |
| | Balance Due \$ 0.00 | | | | | |
| 2. | \$_335.00 of the filing fee has been paid. | | | | | |
| 3. | The source of the compensation paid to me was: | | | | | |
| | ■ Debtor \square Other (specify) | | | | | |
| 4. | The source of compensation to be paid to me is: | | | | | |
| | ■ Debtor \square Other (specify) | | | | | |
| 5. | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm. | | | | | |
| | ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached. | | | | | |
| 6. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. Other provisions as needed: Exemption planning; preparation and filing of reaffirmation agreements and applications as needed. | | | | | |
| 7. | By agreement with the debtor(s), the above-disclosed fee does not include the following services: Representation of the debtors in any dischargeability actions, and relief from stay actions. | | | | | |

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CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

| May 31, 2017 | /s/ Hunter R. Wells |
|--------------|------------------------------------|
| Date | Hunter R. Wells 82791 |
| | Signature of Attorney |
| | Canfield, Baer & Heller, LLP |
| | Name of Law Firm |
| | 2201 Libbie Avenue |
| | Richmond, VA 23230 |
| | (804) 673-6600 Fax: (804) 673-6604 |

For use in Chapter 13 Cases where Fees Requested Not in Excess of \$5,100 (For all Cases Filed on or after 01/01/2016)

NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED STATES TRUSTEE PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND CLERK'S CM/ECF POLICY 9

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

| PROOF OF | SERVICE | |
|--|-----------------------|--|
| The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 1. U. S. trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the Clerk's CM/ECF Policy 9, either electronically or in paper form (f.). | | |
| Date | Signature of Attorney | |

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| Fill in | this information to identify your case: | | | as directed in this form and in | Form |
|---|---|--|---|---|-------------------------|
| Debto | Christopher David McGinnis | | 2A-1Supp: | | |
| Debto (Spouse | r 2 | | ■ 1. There is no p | oresumption of abuse | |
| United | States Bankruptcy Court for the: Eastern District of | Virginia | applies will | ion to determine if a presumpti be made under <i>Chapter 7 Mea</i> | |
| | number | | Calculation | (Official Form 122A-2). | |
| (if know | ı) | | | Test does not apply now becau litary service but it could apply | |
| | | | ☐ Check if this | is an amended filing | |
| Offic | cial Form 122A - 1 | | | | |
| Cha | pter 7 Statement of Your Cur | rent Monthly Inc | ome | | 12/15 |
| attach a case nu qualifyi Part 1 | • | which the additional information a m a presumption of abuse becau tion from Presumption of Abuse | applies. On the top se you do not have | of any additional pages, write your primarily consumer debts or be | our name and ecause of |
| | Vhat is your marital and filing status? Check one on | ly. | | | |
| | Not married. Fill out Column A, lines 2-11. | | | | |
| _ | ☐ Married and your spouse is filing with you. Fill ou | | 2-11. | | |
| | ☐ Married and your spouse is NOT filing with you. ` — | • | | | |
| | ☐ Living in the same household and are not lega | • | • | | |
| | Living separately or are legally separated. Fill of penalty of perjury that you and your spouse are legiving apart for reasons that do not include evading | egally separated under nonban | kruptcy law that a | pplies or that you and your spo | |
| 101 the | in the average monthly income that you received from all s (10A). For example, if you are filing on September 15, the 6-m- 6 months, add the income for all 6 months and divide the total uses own the same rental property, put the income from that p | onth period would be March 1 through 6. Fill in the result. Do not include | ugh August 31. If the de any income amou | amount of your monthly income value more than once. For example, if | aried during if both |
| | | | Column A Debtor 1 | Column B Debtor 2 or non-filing spouse | |
| | our gross wages, salary, tips, bonuses, overtime, a payroll deductions). | and commissions (before all | \$ | \$ | |
| | Alimony and maintenance payments. Do not include Column B is filled in. | . , | \$ | \$ | |
| fi a | All amounts from any source which are regularly part you or your dependents, including child support. If you or your dependents, including child support or an unmarried partner, members of your household and roommates. Include regular contributions from a spulled in. Do not include payments you listed on line 3. | Include regular contributions I, your dependents, parents, | \$ | \$ | |
| | let income from operating a business, profession, | or farm | | | |
| | | Debtor 1 | | | |
| (| Gross receipts (before all deductions) | \$ | | | |
| | Ordinary and necessary operating expenses | -\$ | _ | | |
| | let monthly income from a business, profession, or farr | n\$ Copy here -> | \$ | \$ | |
| 6. N | let income from rental and other real property | Debtor 1 | | | |
| , | Proce receipts (hefere all deductions) | \$ | | | |
| | Gross receipts (before all deductions) Ordinary and necessary operating expenses | -\$ | | | |
| İ | let monthly income from rental or other real property | \$ Copy here -> | \$ | \$ | |
| | nterest dividends and royalties | <u> </u> | \$ | \$ | |

Official Form 122A-1

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Christopher David McGinnis Debtor 1 Case number (if known) Column A Column B Debtor 2 or Debtor 1 non-filing spouse 8. Unemployment compensation Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you For your spouse \$ 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. Total amounts from separate pages, if any. 11. Calculate your total current monthly income. Add lines 2 through 10 for + \$ each column. Then add the total for Column A to the total for Column B. Total current monthly income Part 2: **Determine Whether the Means Test Applies to You** 12. Calculate your current monthly income for the year. Follow these steps: Copy line 11 here=> 12a. Copy your total current monthly income from line 11 Multiply by 12 (the number of months in a year) **x** 12 12b. The result is your annual income for this part of the form 13. Calculate the median family income that applies to you. Follow these steps: Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. 14b. Go to Part 3 and fill out Form 122A-2. Part 3: Sign Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Christopher David McGinnis **Christopher David McGinnis** Signature of Debtor 1 Date May 31, 2017 MM / DD / YYYY If you checked line 14a, do NOT fill out or file Form 122A-2. If you checked line 14b, fill out Form 122A-2 and file it with this form.

| Fill i | in this in | forma | ation to identify your case: | | | |
|---------------|---|--------------------------|--|---|--|-----------------------------------|
| Deb | tor 1 | CI | nristopher David McGinnis | | | |
| Deb | tor 2 buse, if fili | ng) | | | | |
| Unite | ed States | Bank | cruptcy Court for the: Eastern District of Virginia | | | |
| | | | | | ☐ Check if this is an amended filing | |
| | e number nown) | | | | Check if this is an americed ming | |
| | | | | | | |
| Off | icial F | ori | m 122A - 1Supp | | | |
| Sta | ateme | ent | of Exemption from Presumption of A | ٩b | use Under § 707(b)(2) | 12/1 |
| exem exclu | npted from usions in ired by 1° | m a p this : 1 U.S | nt together with Chapter 7 Statement of Your Current Monthly Incresumption of abuse. Be as complete and accurate as possible statement applies to only one of you, the other person should c.C. § 707(b)(2)(C). The third of Debts You Have | e. If t | wo married people are filing together, and any | of the |
| | | ' | | 100 | S 101(0) as "insurred by an individual primarily | for o |
| 1. | personal | , fam | ts primarily consumer debts? Consumer debts are defined in 11 L ily, or household purpose." Make sure that your answer is consistent ing for Bankruptcy (Official Form 1). | | | |
| | | | Form 122A-1; on the top of page 1 of that form, check box 1, <i>There</i> lement with the signed Form 122A-1. | ə is n | o presumption of abuse, and sign Part 3. Then s | ubmit this |
| | ☐ Yes. | Go to | Part 2. | | | |
| Dort | 2. D | -4 | sine Whather Military Camine Drevisions Apply to Ver | | | |
| Part | | | nine Whether Military Service Provisions Apply to You | | | |
| 2. | Are you ☐ No. | | abled veteran (as defined in 38 U.S.C. § 3741(1))? | | | |
| | _ | | | ro n | orforming a homolond defense activity? | |
| | | • | ou incur debts mostly while you were on active duty or while you we .S.C. § 101(d)(1); 32 U.S.C. § 901(1). | ie pe | enorming a nomeland detense activity? | |
| | | | Go to line 3. | | | |
| | | | Go to Form 122A-1: on the top of page 1 of that form, check box 1, submit this supplement with the signed Form 122A-1. | , The | ere is no presumption of abuse, and sign Part 3. T | hen |
| 3 | Are you | or ha | ave you been a Reservist or member of the National Guard? | | | |
| Э. | □ No. | | nplete Form 122A-1. Do not submit this supplement. | | | |
| | ☐ Yes. Were you called to active duty or did you perform a homeland defense a | | activi | tv2 10 I I S C & 101(d)(1): 32 I I S C & 901(1) | | |
| | | | Complete Form 122A-1. Do not submit this supplement. | ZCIIVI | ty: 10 0.3.0. § 101(d)(1), 32 0.3.0. § 901(1). | |
| | | Yes. | Check any one of the following categories that applies: | | | |
| | Ь | | I was called to active duty after September 11, 2001, for at least 90 days and remain on active duty. | | If you checked one of the categories to the left, g 122A-1. On the top of page 1 of Form 122A-1, cl The Means Test does not apply now, and sign P | heck box 3, |
| | | | I was called to active duty after September 11, 2001, for at least 90 days and was released from active duty on, which is fewer than 540 days before I file this bankruptcy case. | it, | submit this supplement with the signed Form 12: are not required to fill out the rest of Official Forn during the exclusion period. The exclusion period the time you are on active duty or are performing | n 122A-1 <i>d</i> means g a |
| | | | I am performing a homeland defense activity for at least 90 da | ys. | homeland defense activity, and for 540 days after U.S.C. § 707(b)(2)(D)(ii). | rward. 11 |
| | | | I performed a homeland defense activity for at least 90 days, | | If your exclusion period ends before your case is | s closed, |

Official Form 122A-1Supp

__, which is fewer than 540 days before I

you may have to file an amended form later.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Adams, Jenkins & Cheatham 231 Wylderose Drive Midlothian, VA 23113

Aital Recovery Serv PO Box 923747 Norcross, GA 30010

Aldous & Associates P O Box 171374 Salt Lake City, UT 84117

Ally PO Box 78369 Phoenix, AZ 85062

American Boiler Inspection Ser 12800 Saddlerseat Place Henrico, VA 23233

American Express 948 Clopper Road 2nd floor Gaithersburg, MD 20878

AR Resources, Inc PO Box 1056 Blue Bell, PA 19422

ARC PO Box 5378 Philadelphia, PA 19142

ARS
PO Box 469046
Escondido, CA 90246

Avis Rental Car 4202 W. Broad Street Richmond, VA 23230

Bank of America 7322 Southwest Freeway Houston, TX 77017-4000 Bank of America 7322 Southwest Freeway Suite 1600 Houston, TX 77017-4000

Capital One PO Box 21887 Saint Paul, MN 55121

Capital One Equipemnt Fin 329 Prince George St Laurel, MD 20707

Capital Solution Bancorp, LLC 10451 Mill /run Cir. #1000 Owings Mills, MD 21117

Chesapeake Bank PO Box 1419 Kilmarnock, VA 22482

Chesapeake Bank P.O. Box 1419 Kilmarnock, VA 22482

Chesterfield County Utilities P.O. Box 26725 Richmond, VA 23261-6725

Citi Bank N.A. PO Box 78005 Phoenix, AZ 85062

City of Richmond PO Box 26505 Richmond, VA 23261

Clrus PO Box 5344 Richmond, VA 23220

Commonwealth of Virginia Department of Taxation PO Box 2369 Richmond, VA 23218 Commonwealth of Virginia PO Box 2369 Richmond, VA 23218

Contract Caller's Inc. PO Box 2207 Augusta, GA 30903

County of Mathews PO Box 305 Richmond, VA 23234

Credit Adjustment Boad 8002 Discovery Dr. Ste 311 Henrico, VA 23229

Credit Control Corp.
P.O.Box 120568
Newport News, VA 23612-0568

Credit Control, LLC PO Box 546 Hazelwood, MO 63042

Dankos, Gordon & Tucker 1360 E. Parham Road Suite 200 Henrico, VA 23228

Department of the Treasury Internal Revenue Services PO Box 145566 Cincinnati, OH 45250

Department of Treasury Internal Revenue Services Cincinnati, OH 45999-0039

Elizabeth River Tunnels 700 Port Centre Pkwy Suite 2B Portsmouth, VA 23704 Everest Business Funding 2990 Richmond Ave Suite 144 Houston, TX 77098

Fedex Freight PO Box 223125 Pittsburgh, PA 15251

Focused Recovery Solutions PO Box 63355 Charlotte, NC 28263

Ford Motor Credit 401 Minnetonka Road HiNella, NJ 80803

Fox Bindary 14000 N Enon Church Road Chester, VA 23836

GE Capital 1010 Thomas Edison Blvd SW Cedar Rapids, IA 52404

George D. Forsythe, CPA 3800 Patterson Ave Richmond, VA 23221

Gregory K Pugh PC 2404 Princess Anne Road Virginia Beach, VA 23456

Heidelberg USA Firm PO Box 240 Roanoke, VA 24002

J. King DeShazo III 10009 Whitesel Road Ashland, VA 23005

Jared PO Box 1799 Akron, OH 44309 Jeremy S. Williams/Kutak Rock 1111 East Main St. 8th Floor Richmond, VA 23219

Jon Wood Esq Pagano & Woods Esq 4510 S. Laburnum Ave Henrico, VA 23231

Keiter PO Box 32066 Henrico, VA 23294

Kevin C. Harrison 9460 Amerdale Drive Suite C Richmond, VA 23236

Legum Law PLC 4004 Williamsburg Ct Fairfax, VA 22032

Mathews County P.O. Box 305 Richmond, VA 23234-1606

McCarthy Burgess & Wolff 26000 Cannon Road Bedford, OH 44146

MCV PO Box 91747 Richmond, VA 23210

Michael E. Derdeyn Esq PO Box 2057 Charlottesville, VA 22902

Nadine McGinnis 5220 Wheat Ridge Place Glen Allen, VA 23059 Northstar Location Services Attn: Financial Services Dept. 4285 Genesee Street Cheektowaga, NY 14225-1943

Penn Credit Corporatio 916 South 14th Street Harrisburg, PA 17104

Peoples Bank 850 Main Street Bridgeport, CT 06604

Phoenix Financial Services PO Box 361450 Indianapolis, IN 46236

Pitney Bowes PO Box 371887 Pittsburgh, PA 15250

Prime Drive 224 Jefferson Davis Hwy Richmond, VA 23224

Progressive Northern Insurance PO Box 55156 Boston, MA 05505

Richardson Overstreet 1230 Alverser Drive Midlothian, VA 23113

Richmond Ambulance Authority 2400 Hermitage Road Richmond, VA 23220

Richmond Community Hospital PO Box 277431 Atlanta, GA 30384

Richmond Emergency Phys PO Box 79013 Baltimore, MD 21279 Richmond False Alarm PO Box 759289 Baltimore, MD 21275

Robert Sydnor 1094 Boater's Way Dunnsville, VA 22454

Safety Keen PO Box 37428 Houston, TX 77237

Speech Smarts Suite 1A 1405 Westover Hills Blvd Richmond, VA 23225

SST Bank PO Box 3777 Saint Joseph, MO 64503

St. Financial Serv 50 Washington St Norwalk, CT 06854

St. Mary's Hospital PO Box 409553 Atlanta, GA 30384

Stone Office Equipment 5604 West Broad St Richmond, VA 23230

Suntrust PO Box 15618 Wilmington, DE 19850

Tressurer Commonwealth of VA PO Box 562 Richmond, VA 23218

U.S. Trustee's Office 701 E. Broad Street Suite 4000 Richmond, VA 23219 Union Frst Market Bank PO Box 940 Ruther Glen, VA 22546

Update Limited 134 Peavey Circle Chaska, MN 55318

USAA /credit Card Payments 10750 McDermott Plwy San Antonio, TX 78288

UVA Physicians Group P.O. Box 9007 Charlottesville, VA 22906

VA Diabetes and Endocrinology 348 Browns Hill Court Midlothian, VA 23114

VCU Health PO Box 758721 Baltimore, MD 21275

Verizon PO Box 4003 Acworth, GA 30101

Wells Fargo PO Box 6412 Carol Stream, IL 60197

Wells Fargo Bank PO Box 55126 Boston, MA 02205

Wells Fargo Business Direct PO Box 29482 Phoenix, AZ 85038

Wells Fargo Card Services PO Box 30086 Los Angeles, CA 90030 Wilson Paper Comp PO Box 4005 Roanoke, VA 24015

Woodlake Village Ped. PO Box 2240 Burlington, NC 27216

Woodlale Village Ped 14732 Village Square Place Midlothian, VA 23112

Zwicker & Express 948 Clopper Road 2nd Floor Gaithersburg, MD 20878